EDS INDIANA HEALTH COVERAGE PROGRAMS

Teleprocessing Users Guide – MAR III

Revision History

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Version 3.1	October 2001	Appendix AA	Updates for CSR #IN012881 changes	Karen Girgis
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Section 1: Third Party Payment Analysis Window

Introduction

To open the Third Party Payment Analysis window, click **TPL** in the main command bar and a drop-down menu appears. Click **Third Party Payment** Analysis and a slide-out menu appears. Click **Monthly** and Third Party Payment Analysis appears. Access the Third Party Payment Analysis – To Date window from this point.

The following fields are menu options:

• Program Code

• Provider Type

• Provider Specialty

• Reporting Period

The Third Party Payment Analysis window displays claim counts, dollar amounts, related percentages, and rankings of the information in a selected provider grouping for paid claims with third party payment considerations. This window analyzes billing for third party payments trends in provider types and specialties.

Figure 1.1 – Third Party Payment Analysis Window (part 1 of 2)

Figure 1.1 – Third Party Payment Analysis Window (part 2 of 2)

File	**Edit**
Select	Copy
Exit	Sort
Exit Indiana MAR	
Print	
To Date Totals	

Figure 1.2 – Third Party Payment Analysis Window Menu Tree

Figure 1.2 is an illustration of the menu tree for the Third Party Payment Analysis window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the Third Party Payment Analysis window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menu.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

To Date Totals – Displays a window titles Third Party Payment Analysis – To Date.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Sort – Sorts data rows by ascending or descending order of selected data elements. Sort options for this window include **TPL Payment**, **Ratio TPL/Billed**, and **Rank TPL/Paid**.

Field Information

Field Name: Program Code

Description – Indicates the type of OMPP-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Refer to *Appendix O* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Provider Type

Description – Indicates the provider's type of licensure or certification.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Refer to *Appendix M* for valid values.

Field Name: Provider Specialty

Description – Indicates the provider's primary scope of practice.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Refer to *Appendix N* for valid values.

Field Name: Provider Number

Description – Enter a nine-character numeric value to identify an individual provider for window data applicable to that provider.

Format – Nine-digit numeric value

Features – Input value box

Field Name: Reporting Period

Description – Indicates the data reported is from claims paid during the month selected.

Format – Month YY rolling 18-month display

Features – Drop-down menu display

Field Name: Provider Number

Description – Displays the number of a provider as entered above, or any provider numbers with claims data that meet the criteria selected in the header menu.

Format – Nine-digit numeric

Features – Protected – display only

Field Name: Provider Name

Description – Displays the name of the provider matching the number listed in the Provider Number column of the data window.

Format – Alphabetic description

Features – Protected – display only

Field Name: Number of Paid Claims

Description – Displays the total number of claims finalized for payment to the provider during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Number of Third Party Payment

Description – Displays the number of paid claims with payment from a third party not including Medicare.

Format – 99,999,999

Features – Protected – display only

Field Name: TPL/Claim Percent

Description – Displays the number of paid claims with third party dollars, as a percentage of the total number of claims paid to the provider during the reporting period.

Format – 99.99 percent

Features – Protected – display only

Field Name: Total Billed

Description – Displays the total dollars billed by the provider for claims paid during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Third Party Dollars

Description – Displays the dollar amount paid by a third party for claims paid to the provider during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: TPL Dollars/Billed Percent

Description – Displays the dollar amount paid by a third party as a percentage of the total dollars billed for claims paid during the reporting period.

Format – 99.99 percent

Features – Protected – display only

Field Name: Rank TPL/Paid

Description – Displays the numeric ranking of the provider according to the amount of third party dollars per dollars billed for paid claims for the reporting period.

Format – Numeric

Features – Protected – display only

Other Messages

Invalid Provider ID – The requested provider number or selected provider ID is not found in the database.

Ineligible Provider – The requested provider number or selected provider ID has no valid segments for the selected reporting period.

Ineligible Provider – The requested provider number or selected provider ID is not eligible for provider type or selected provider type code during the selected reporting period.

System Information

PBL – MAR02.PBL

Window – W_387_TPL_ANLY

Menu – M_MAR_OPTIONS

Data Window – DW_387_TPL_ANLY

System Features

Click **To Date Totals** to display a window titled Third Party Payment Analysis – To Date. All menu selections made in the primary window carry forward to this window.

Click **Exit** from the window to return to the Third Party Payment Analysis window.

Click **Select** to populate the window with data that matches the criteria selected in the header menu.

Click **Exit** from the primary window to exit the Third Payment Analysis window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 2: Third Party Payment Analysis To Date Window

Introduction

To open the Third Party Payment Analysis To Date window, click **TPL** in the main command bar and a drop-down menu appears. Click **Third Party Payment Analysis** and a slide-out menu appears. Click **To Date Totals** and Third Party Payment Analysis To Date appears. Access the Third Party Payment Analysis window from this point.

The following fields are menu options:

- Program Code
- Provider Type
- Provider Specialty
- Reporting Period

The Third Party Payment Analysis window displays claim counts, dollar amounts, related percentages, and rankings of the displayed information in a selected provider grouping for paid claims with third party payment considerations. This window analyzes billing for third party payments trends in provider types and specialties.

Figure 2.1 – Third Party Payment Analysis To Date Window (part 1 of 2)

Figure 2.1 – Third Party Payment Analysis To Date Window (part 2 of 2)

File	Edit
Select	Copy
Exit	Sort
Exit Indiana MAR	
Print	
Monthly	

Figure 2.2 – Third Party Payment Analysis To Date Window Menu Tree

Figure 2.2 is an illustration of the menu tree for the Third Party Payment Analysis To Date window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the Third Party Payment Analysis To Date window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Monthly – Displays a window titled Third Party Payment Analysis.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Sort – Sorts data rows by ascending or descending order of selected data elements. Select options for this window include **TPL Payment**, **Ratio TPL/Billed**, and **Rank TPL/Paid**.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphabetic description

Features – Drop-down menu display

>   Valid values:

Refer to *Appendix O* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Provider Type

Description – Indicates the provider's type of licensure or certification.

Format – Alphabetic description

Features – Drop-down menu display

>   Valid values:

Refer to *Appendix M* for valid values.

Field Name: Provider Specialty

> *Description* – Indicates the provider's primary scope of practice.
>
> *Format* – Alphabetic description
>
> *Features* – Drop-down menu display
>
> > Valid values:
>
> Refer to *Appendix N* for valid values.

Field Name: Provider Number

> *Description* – Enter a nine-character numeric value to identify an individual provider for window data applicable to that provider.
>
> *Format* – Nine-digit numeric value
>
> *Features* – Input value box

Field Name: Reporting Period

> *Description* – Indicates the data reported is from claims paid during the month selected.
>
> *Format* – Month YY rolling 18-month display
>
> *Features* – Drop-down menu display

Field Name: Year To Date

> *Description* – Displays a selection box with the year-to-date values. Click the desired year-to-date value. Reporting period is modified to include claims data accumulated from the beginning of the selected year-to-date value through the month of the reporting period.
>
> *Format* – Alphabetic description
>
> *Features* – Selection box
>
> > Valid Values:
> >
> > State Fiscal YTD, July 1 to June 30
> >
> > Federal Fiscal YTD, October 1 to September 30
> >
> > Calendar YTD, January 1 to December 31

Field Name: Provider Number

Description – Displays the number of a provider as entered above or any provider numbers with claims data that meets the criteria selected in the header menu.

Format – Nine-digit numeric

Features – Protected – display only

Field Name: Provider Name

Description – Displays the provider name that matches the number listed in the Provider Number column of the data window.

Format – Alphabetic description

Features – Protected – display only

Field Name: Number of Paid Claims

Description – Displays the total number of claims finalized for payment to the provider during the reporting period year-to-date value.

Format – 99,999,999

Features – Protected – display only

Field Name: Number Of Third Party Payment

Description – Displays the number of paid claims with a payment from a third party not Medicare.

Format – 99,999,999

Features – Protected – display only

Field Name: TPL/Claim Percent

Description – Displays the number of paid claims with third party dollars as a percentage of the total number of claims paid to the provider during the reporting period year-to-date value.

Format – 99.99 percent

Features – Protected – display only

Field Name: Total Billed

Description – Displays the total dollars billed by the provider for claims paid during the reporting period year-to-date value.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Third Party Dollars

Description – Displays the dollar amount paid by a third party for claims paid to the provider during the reporting period year-to-date value.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: TPL Dollars/Billed Percent

Description – Displays the dollar amount paid by a third party, as a percentage of the total dollars billed, for claims paid during the reporting period year-to-date value.

Format – 99.99 percent

Features – Protected – display only

Field Name: Rank TPL/Paid

Description – Displays the numeric ranking of the provider according to the amount of third party dollars per billed dollars for paid claims for the reporting period year-to-date value.

Format – Numeric

Features – Protected – display only

Other Messages

Invalid Provider ID – The requested provider number or selected provider ID is not found in the database.

Ineligible Provider – The requested provider number or selected provider ID has no valid segments for the selected reporting period.

Ineligible Provider – The requested provider number or selected provider ID is not eligible for provider type or selected provider type code during the selected reporting period.

System Information

PBL – MAR02.PBL

Window – W_387TD_TPL_ANLY

Menu – M_MAR_OPTIONS

Data Window – DW_387TD_TPL_ANLY

System Features

Click **Monthly** to display a window titled Third Party Payment Analysis. All menu selections made in the primary window carry forward to this window.

Click **Exit** from the window to return to the Third Party Payment Analysis To Date window.

Click **Select** to populate the window with data that matches the criteria selected in the header menus.

Click **Exit** from the primary window to exit the Third Party Payment Analysis To Date window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 3: Long Term Care Payments Window

Introduction

To open the Long Term Care Payments window, click **LTC** in the main command bar and a drop-down menu appears. Click **Payments** and a slide-out menu appears. Click **Current Month** and Long Term Care Payments appears. Access the Long Term Care Payments To Date from this point.

The following fields are menu options:

- Program Code

- Provider

- Level of Care

- Federal Aid Category

- Reporting Period

The Long Term Care Payment window displays current statistical data about expenditures for services related to long term care of recipients.

Figure 3.1 – Long Term Care Payments Window

File	Edit
Select	Copy
Exit	
Exit Indiana MAR	
Print	
To Date Totals	

Figure 3.2 – Long Term Care Payments Window Menu Tree

Figure 3.2 is an illustration of the menu tree for the Long Term Care Payments window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the Long Term Care Payments window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

To Date Totals – Displays a window Long Term Care Payments To Date.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Refer to *Appendix O* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Provider

Description – Indicates the individual provider number and corresponding name of long term care providers.

Format – Numeric and Alphabetic description

Features – Drop-down menu display

Field Name: Level of Care

Description – Indicates the recipient's level of care.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Refer to *Appendix S* for valid values.

Field Name: Federal Aid Category

Description – Indicates the federal aid category of eligibility assigned to each eligible in the system. For programs CSHCS and 590 Prison, select the appropriate program code and select federal aid category **Unknown** to display figures for the programs that are not aid category driven.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Refer to *Appendix H* for valid values.

Field Name: Reporting Period

Description – Indicates the claims reported paid during the month selected.

Format – Month YY rolling 18-month display

Features – Drop-down menu display

Field Name: Revenue Code

Description – Displays the code representing the services allowed for claims finalized during the selected reporting period.

Format – Numeric

Features – Protected – display only

Field Name: Revenue Code Description

Description – Displays a short description of the revenue code listed.

Format – Alphabetic

Features – Protected – display only

Field Name: Unduplicated Recipient Count

Description – Displays a count of the unique recipients for whom services paid during the reporting period. This count only includes recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Days Of Care

Description – Displays the total number of days of care rendered for claims paid during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Amount Allowed

Description – Displays the dollars allowed for services rendered for long term care for claims paid during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Applied Income

Description – Displays the dollar amount of patient liability applied to the total allowed amount for long term care claims paid during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Other Insurance

Description – Displays the amount of any third party payments for long term care claims finalized for payment during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Average Payment/Patient Day

Description – Displays the average of dollars allowed per recipient days of care for claims paid during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Average Payment/Provider

Description – Displays the average of dollars allowed per the unique number of providers for claims paid during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Average Applied Income/Patient Day

Description – Displays the average of the dollar amount of applied income per recipient days of care for claims paid during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Average Payment Per Recipient

Description – Displays the average of the dollars allowed per the count of unique recipients served for claims paid during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Total Number of Providers

Description – Displays the unique number of providers paid for services rendered during the reporting period.

Format – 99,999,999

Features – Protected – display only

Other Messages

No Matching Records Found

System Information

PBL – MAR03.PBL

Window – W_310_LTC_PMT

Menu – M_MAR_OPTIONS

Data Window – DW_310_LTC_PMT

System Features

Click **To Date Totals** to display a window titled Long Term Care Payments To Date. All menu selections from the Long Term Care Payments window carry forward to this window.

Click **Select** to populate the display fields with data that matches the criteria selected in the header menu.

Click **Exit** from the Long Term Care Payments To Date window to close the window and return to the primary Long Term Care Payments window.

Click **Exit** from the primary window to exit the Long Term Care Payments window and return to any open window or to the Indiana MAR menu bar if no other windows are open. Menu selections do not save when the primary window closes.

Section 4: Long Term Care Payments To Date Window

Introduction

To open the Long Term Care Payments To Date window, click **LTC** in the main command bar and a drop-down menu appears. Click **Payments** and a slide-out menu appears. Click **To Date Totals** and **Long Term Care Payments To Date** appears. Access the Long Term Care Payments window from this point.

The following fields are menu options:

- Program Code

- Provider

- Level of Care

- Federal Aid Category

- Reporting Period

The Long Term Care Payments To Date window displays selected year-to-date statistical data on expenditures for services related to long-term care for recipients.

Figure 4.1 – Long Term Care Payments To Date

File	**Edit**
Select	Copy
Exit	
Exit Indiana MAR	
Print	
Monthly Totals	

Figure 4.2 – Long Term Care Payments To Date Window Menu Tree

Figure 4.2 is an illustration of the menu tree for the Long Term Care Payments To Date window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the Long Term Care Payments To Date window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Monthly Totals – Displays a window: Long Term Care Payments.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Refer to *Appendix O* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Provider

Description – Indicates the individual provider number and corresponding name of long term care providers.

Format – Numeric and alphabetic description

Features – Drop-down menu display

Field Name: Level of Care

Description – Indicates the recipient's level of care.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Refer to *Appendix S* for valid values.

Field Name: Federal Aid Category

Description – Indicates the federal aid category of eligibility assigned to each eligible in the system. For programs CSHCS and 590 Prison, select the appropriate program code and select federal aid category **Unknown** to display figures for the programs that are not aid category driven.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Refer to *Appendix H* for valid values.

Field Name: Reporting Period

Description – Indicates the claims reported paid during the month selected.

Format – Month YY rolling 18-month display

Features – Drop-down menu display

Field Name: Year To Date

Description – Displays a selection box with the year-to-date values. Click the desired year-to-date value. Reporting period is modified to include claims data accumulated from the beginning of the selected year to date value through the month of the reporting period.

Format – Alphabetic description

Features – Selection box

Valid Values:

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Revenue Code

Description – Displays the code representing the services allowed for claims finalized during the reporting period.

Format – Numeric

Features – Protected – display only

Field Name: Revenue Code Description

Description – Displays a short description of the revenue code.

Format – Alphabetic description

Features – Protected – display only

Field Name: Unduplicated Recipient Count

Description – Displays a count of the unique recipients for whom services paid during the reporting period. This count only includes recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Days Of Care

Description – Displays the total number of the days of care rendered for claims paid during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Amount Allowed

Description – Displays the dollars allowed for services rendered for long term care for claims paid during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Applied Income

Description – Displays the dollar amount of patient liability applied to the total allowed amount for long term care claims paid during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Other Insurance

Description – Displays the amount of any third party payments for long term care claims finalized for payment during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Average Payment/Patient Day

Description – Displays the average of dollars allowed per recipient days of care for claims paid during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Average Payment/Provider

Description – Displays the average of dollars allowed per the unique number of providers for claims paid during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Average Applied Income/Patient Day

Description – Displays the average of the dollar amount of applied income per recipient days of care for claims paid during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Average Payment Per Recipient

Description – Displays the average of the dollars allowed per the count of unique recipients served for claims paid during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Total Number of Providers

Description – Displays the total number of providers paid for services rendered during the reporting period.

Format – 99,999,999

Features – Protected – display only

Other Messages

No Matching Records Found

System Information

PBL – MAR03.PBL

Window – W_310_LTC_PMT_TD

Menu – M_MAR_OPTIONS

Data Window – DW_310_LTC_PMT_TD

System Features

Click **Monthly Totals** to display a window titled Long Term Care Payments. All menu selections made in the primary window carry forward to this window.

Click **Exit** from the window to return to the Long Term Care Payments To Date window.

Click **Select** to populate the display fields with data that matches the criteria selected in the header menu.

Click **Exit** to exit the Long Term Care Payments To Date window and return to any open window or to the Indiana MAR menu bar if no

other windows are open. Menu selections do not save when the primary window closes.

Section 5: Long Term Care Leave Days Window

Introduction

To open the Long Term Care Leave Days window, click **LTC** in the main command bar and a drop-down menu appears. Click **Leave Days** and a slide-out menu appears. Click **Current Month** and Long Term Care Leave Days appears. Access the Long Term Care Leave Days To Date window from this point.

The following fields are menu options:

- Program Code

- Provider

- Level of Care

- Federal Aid Category

- Reporting Period

The Long Term Care Leave Days window displays the number and cost of Day Services during a selected month.

Figure 5.1 – Long Term Care Leave Days Window

File	Edit
Select	Copy
Exit	
Exit Indiana MAR	
Print	
To Date Totals	

Figure 5.2 – Long Term Care Leave Days Window Menu Tree

Figure 5.2 is an illustration of the menu tree for the Long Term Care Leave Days window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the Long Term Care Leave Days window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

To Date Totals – Displays a window Long Term Care Leave Days To Date.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Refer to *Appendix O* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Provider

Description – Indicates the individual provider number and corresponding name of long term care provider.

Format – Alphabetic description

Features – Drop-down menu display

Field Name: Level of Care

Description – Indicates the recipient's level of care.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Refer to *Appendix S* for valid values.

Field Name: Federal Aid Category

Description – Indicates the federal aid category of eligibility assigned to each eligible in the system. For programs CSHCS and 590 Prison, select the appropriate program code and select federal aid category **Unknown** to display figures for the programs that are not aid category driven.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Refer to *Appendix H* for valid values.

Field Name: Reporting Period

Description – Indicates the claims reported paid during the month selected.

Format – Month YY rolling 18-month display

Features – Drop-down menu display

Field Name: Revenue Code

Description – Displays the code representing the services allowed for claims finalized during the selected reporting period.

Format – Numeric

Features – Protected – display only

Field Name: Revenue Code Description

Description – Displays a short description of the revenue code listed.

Format – Alphabetic

Features – Protected – display only

Field Name: Full Units of Service

Description – Displays the total units of service for all paid claims with revenue code 110 and dates of service after June 30, 1992 finalized for payment during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Leave Days Units of Service

Description – Displays the leave day units of service for all paid claims with revenue code 18x (where x = 0-9) and dates of service after June 30, 1992 finalized for payment during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Full Units Paid Amount

Description – Displays the total dollars allowed for full units for claims finalized for payment during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Leave Days Units Paid Amount

Description – Displays the total dollars allowed for leave day units for claims finalized for payment during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Other Messages

No Matching Records Found

System Information

PBL – MAR03.PBL

Window – W_310_LTC_LEAVE

Menu – M_MAR_OPTIONS

Data Window – DW_310_LTC_LEAVE

System Features

Click **To Date Totals** to display a window titled Long Term Care Leave Days To Date. All menu selections made in the primary window carry forward to this window.

Click **Exit** from the window to return to the Long Term Care Leave Days window.

Click **Select** to populate the window with data that matches the criteria selected in the header menu.

Click **Exit** from the primary window to exit the Long Term Care Leave Days window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 6: Long Term Care Leave Days To Date Window

Introduction

To open the Long Term Care Leave Days window, click **LTC** in the main command bar and a drop-down menu appears. Click **Leave Days** and a slide-out menu appears. Click **To Date Totals** and Long Term Care Leave Days To Date appears. Access the Long Term Care Leave Days window from this point.

The following fields are menu options:

- Program Code
- Provider
- Level of Care
- Federal Aid Category
- Reporting Period

The Long Term Care Leave Days To Date window displays the number and cost of Day Services for year-to-date time periods.

Figure 6.1 – Long Term Care Leave Days To Date Window

File	**Edit**
Select	Copy
Exit	
Exit Indiana MAR	
Print	
Monthly Totals	

Figure 6.2 – Long Term Care Leave Days To Date Window Menu Tree

Figure 6.2 is an illustration of the menu tree for the Long Term Care Leave Days To Date window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the Long Term Care Leave Days To Date window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Monthly Totals – Displays a window titled Long Term Care Leave Days To Date.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Refer to *Appendix O* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Provider

Description – Indicates the individual provider number and corresponding name of long term care provider.

Format – Alphanumeric

Features – Drop-down menu display

Field Name: Level of Care

Description – Indicates the recipient's level of care.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Refer to *Appendix S* for vlaid values.

Field Name: Federal Aid Category

Description – Indicates the federal aid category of eligibility assigned to each eligible in the system. For programs CSHCS and 590 Prison, select the appropriate program code and select federal aid category **Unknown** to display figures for the programs that are not aid category driven.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Refer to *Appendix H* for valid values.

Field Name: Reporting Period

Description – Indicates the claims reported paid during the month selected.

Format – Month YY rolling 18-month display

Features – Drop-down menu display

Field Name: Year To Date

Description – Displays a selection box with the year-to-date values. Click the desired year-to-date value. Reporting Period is modified to include claims data accumulated from the beginning of the selected year to date value through the month of the reporting period.

Format – Alphabetic description

Features – Selection box

Valid Values:

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Revenue Code

Description – Displays the code representing the services allowed for claims finalized during the selected reporting period.

Format – Numeric

Features – Protected – display only

Field Name: Revenue Code Description

Description – Displays a short description of the revenue code.

Format – Alphabetic

Features – Protected – display only

Field Name: Full Units of Service

Description – Displays the total units of service for all paid claims with revenue code 110 and dates of service after June 30, 1992.

Format – 99,999,999

Features – Protected – display only

Field Name: Leave Days Units of Service

Description – Displays the leave day units of service for all paid claims with revenue code 18x (where x = 0-9) and dates of service after June 30, 1992.

Format – 99,999,999

Features – Protected – display only

Field Name: Full Units Paid Amount

Description – Displays the total dollars allowed for full units for claims paid.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Leave Days Units Paid Amount

Description – Displays the total dollars allowed for leave day units for paid claims.

Format – $9,999,999,999.99

Features – Protected – display only

Other Messages

No Matching Records Found

System Information

PBL – MAR03.PBL

Window – W_310_LTC_LEAVE_TD

Menu – M_MAR_OPTIONS

Data Window – DW_310_LTC_LEAVE_TD

System Features

Click **Monthly Totals** to display a window titled Long Term Care Leave Days. All menu selections made in the primary window carry forward to this window.

Click **Exit** from the window to return to the Long Term Care Leave Days To Date window.

Click **Select** to populate the window with data that matches the criteria selected in the header menu.

Click **Exit** from the primary window to exit the Long Term Care Leave Days To Date window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 7: Medicare Participation: Part A Window

Introduction

To open the Medicare Participation – Part A window, click **Medicare** in the main command bar and a drop-down menu appears. Click **Part A** and the Medicare Participation – Part A window displays. Access the following windows from this point:

• Medicare Participation – Part B

• Medicare Participation – Part A and B

The following fields are menu options:

• Program Code

• State Aid Category

• Reporting Period

The Medicare Participation – Part A window displays current and historical data on Medicare and Medicaid expenditures for Medicare Part A crossover claims.

Figure 7.1 – Medicare Participation: Part A Window

File	**Edit**
Select	Copy
Exit	
Exit Indiana MAR	
Print	
Part B	
Part A and B	

Figure 7.2 – Medicare Participation: Part A Window Menu Tree

Figure 7.2 is an illustration of the menu tree for the Medicare Participation: Part A window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the Medicare Participation: Part A window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Part B – Displays a window titled Medicare Participation – Part B.

Part A and B – Displays a window titled Medicare Participation – Part A and B.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of state-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphabetic description

Features – Drop-down menu display

> Valid values:

Refer to *Appendix O* for the list of program codes including current MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: State Aid Category

Description – Indicates the FSSA specified grouping of the ICES categories of eligibility assigned to each person at the time of enrollment in a medical assistance program. For the CSHCS and 590 Prison programs, select the appropriate **program code** and select State Aid Category **Unknown** to display figures for the programs that are not ICES aid category driven.

Format – Alphabetic description

Features – Drop-down menu display

> Valid values:

Refer to *Appendix G* for valid values.

Field Name: Reporting Period

Description – Indicates the data reported is from claims finalized during the month selected.

Format – Month YY rolling 18-month display

Features – Drop-down menu display

Field Name: Year To Date

Description – Displays a selection box with the year-to-date values. Click the desired year-to-date value. Reporting Period is modified to include claims data accumulated from the beginning of the selected year to date value through the month of the reporting period.

Format – Alphabetic description

Features – Selection box

Valid Values:

Current Month Only

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Include Eligibility Counts

Description – Selection box decreases clocking time in window by opting not to have eligibility counts in query.

Format – Alphabetic description

Features – Selection box

Valid values:

X (click on to choose "include eligibility counts")

Blank (click off to choose "do not include eligibility counts")

Field Name: Total Eligibles with Medicare Part A – This Month

Description – Displays the current number of eligibles who also qualify for Medicare Part A benefits.

Format – 99,999,999

Features – Protected – display only

Field Name: Number of Part A Claims Paid – This Month

Description – Displays the number of claims with some portion of the total bill paid by Medicare Part A paid during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Medicaid Paid for Part A Claims – This Month

Description – Displays the dollars paid by Medicaid for the claims with Medicare Part A payments.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Total Medicare Payment for Part A (Crossover B) – This Month

Description – Displays the dollars paid by Medicare Part A benefits for claims finalized for payment in the Medicaid system during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Part A Buy-In Premium Paid – This Month

Description – Displays the dollars paid by Medicaid toward Medicare Part A buy-in premiums.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Part A Buy-In Premium as a Percentage Paid by Medicare – This Month

Description – Displays the dollars paid by Medicaid toward Medicare Part A buy-in premiums as a percentage of the dollars paid for claims paid by Medicare Part A benefits during the reporting period.

Format – 99.99 percent

Features – Protected – display only

Field Name: Total Medicaid Payments as a Percentage of Total Medicare and Medicaid Payment – This Month

Description – Displays the dollars paid by Medicaid on Part A crossover claims as a percentage of the total dollars allowed by both Medicaid and Medicare Part A for claims paid during the reporting period.

Format – 99.99 percent

Features – Protected – display only

Field Name: Total Eligibles with Medicare Part A – Same Mo. Last Year

Description – Displays the current number of eligibles who also qualify for Medicare Part A benefits in the same month of the previous year.

Format – 99,999,999

Features – Protected – display only

Field Name: Number of Part A Claims Paid – Same Mo. Last Year

Description – Displays the number of claims paid during the same month of the previous year with some portion of the total bill paid by Medicare Part A.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Medicaid Allowed for Part A Claims – Same Mo. Last Year

Description – Displays the dollars allowed by Medicaid for the claims with Medicare Part A payments finalized during the same month of the previous year.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Total Medicare Payment for Part A (Crossover Bills) – Same Mo. Last Year

Description – Displays the dollars paid by Medicare Part A benefits for claims finalized for payment in the Medicaid system during the same month of the previous year.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Part A Buy-In Premium Paid – Same Mo. Last Year

Description – Displays the dollars paid by Medicaid toward Medicare Part A buy-in premiums during the same month of the previous year.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Part A Buy-In Premium as a Percentage Paid by Medicare – Same Mo. Last Year

Description – Displays the dollars paid by Medicaid toward Medicare Part A buy-in premiums as a percentage of the dollars paid for claims paid by Medicare Part A benefits during the same month of the previous year.

Format – 99.99 percent

Features – Protected – display only

Field Name: Total Medicaid Payments as a Percentage of Total Medicare and Medicaid Payment – Same Mo. Last Year

Description – Displays the dollars paid by Medicaid on Part A crossover claims as a percentage of the total dollars allowed by both

Medicaid and Medicare Part A for claims paid during the same month of the previous year.

Format – 99.99 percent

Features – Protected – display only

Field Name: Total Eligibles with Medicare Part A – Last Six Months Average

Description – Displays the current number of eligibles who also qualify for Medicare Part A benefits.

Format – 99,999,999

Features – Protected – display only

Field Name: Number of Part A Claims Paid – Last Six Months Average

Description – Displays the number of claims paid with some portion of the total bill paid by Medicare Part A during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Medicaid Allowed for Part A Claims – Last Six Months Average

Description – Displays the dollars allowed by Medicaid for the claims with Medicare Part A payments.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Total Medicare Payment for Part A (Crossover Bills) – Last Six Months Average

Description – Displays the dollars paid by Medicare Part A benefits for claims finalized for payment in the Medicaid system as an average per month of the six months prior to the reporting period month.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Part A Buy-In Premium Paid – Last Six Months Average

Description – Displays the dollars paid by Medicaid toward Medicare Part A buy-in premiums averaged per month for the six months prior to the reporting period month.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Part A Buy-In Premium as a Percentage Paid by Medicare – Last Six Months Average

Description – Displays the dollars paid by Medicaid toward Medicare Part A buy-in premiums as a percentage of the dollars paid for claims paid averaged per month for the six months prior to the reporting period month by Medicare Part A benefits.

Format – 99.99 percent

Features – Protected – display only

Field Name: Total Medicaid Payments as a Percentage of Total Medicare and Medicaid Payment – Last Six Months Average

Description – Displays the dollars paid by Medicaid on Part A crossover claims as a percentage of the total dollars allowed by both Medicaid and Medicare Part A for paid claims averaged per month for the six months prior to the reporting period month.

Format – 99.99 percent

Features – Protected – display only

Field Name: Total Eligibles with Medicare Part A – To Date Totals – Current

Description – Displays the current number of eligibles who also qualify for Medicare Part A benefits for the current year-to-date value.

Format – 99,999,999

Features – Protected – display only

Field Name: Number of Part A Claims Paid – To Date Totals – Current

Description – Displays the number of claims paid during the current year-to-date value with some portion of the total bill paid by Medicare Part A.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Medicaid Allowed for Part A Claims – To Date Totals – Current

Description – Displays the dollars allowed by Medicaid for the claims with Medicare Part A payments for claims finalized during the year-to-date value.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Total Medicare Payment for Part A (Crossover Bills) – To Date Totals – Current

Description – Displays the dollars paid by Medicare Part A benefits for claims finalized for payment in the Medicaid system during the current year-to-date value.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Part A Buy-In Premium Paid – To Date Totals – Current

Description – Displays the dollars paid by Medicaid toward Medicare Part A buy-in premiums for claims finalized during the current year-to-date value.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Part A Buy-In Premium as a Percentage Paid by Medicare – To Date Totals – Current

Description – Displays the dollars paid by Medicaid toward Medicare Part A buy-in premiums as a percentage of the dollars paid for claims paid during the current year to date by Medicare Part A benefits.

Format – 99.99 percent

Features – Protected – display only

Field Name: Total Medicaid Payments as a Percentage of Total Medicare and Medicaid Payment – To Date Totals – Current

Description – Displays the dollars paid by Medicaid on Part A crossover claims as a percentage of the total dollars allowed by both Medicaid and Medicare Part A for claims paid during the current year to date.

Format – 99.99 percent

Features – Protected – display only

Field Name: Total Eligibles with Medicare Part A – To Date Totals – Previous

Description – Displays the current number of eligibles who also qualify for Medicare Part A benefits during the previous year-to-date.

Format – 99,999,999

Features – Protected – display only

Field Name: Number of Part A Claims Paid – To Date Totals – Previous

Description – Displays the number of claims with at least a portion of the total bill paid by Medicare Part A paid during the previous year-to-date period.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Medicaid Allowed for Part A Claims – To Date Totals – Previous

Description – Displays the dollars allowed by Medicaid for the claims with Medicare Part A payments finalized during the previous year-to-date.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Total Medicare Payment for Part A (Crossover Bills) – To Date Totals – Previous

Description – Displays the dollars paid by Medicare Part A benefits for claims finalized for payment in the Medicaid system during the previous year-to-date.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Part A Buy-In Premium Paid – To Date Totals – Previous

Description – Displays the dollars paid by Medicaid toward Medicare Part A buy-in premiums during the previous year-to-date.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Part A Buy-In Premium as a Percentage Paid by Medicare – To Date Totals – Previous

Description – Displays the dollars paid by Medicaid toward Medicare Part A buy-in premiums as a percentage of the dollars paid for claims paid by Medicare Part A benefits during the previous year-to-date.

Format – 99.99 percent

Features – Protected – display only

Field Name: Total Medicaid Payments as a Percentage of Total Medicare and Medicaid Payment – To Date Totals – Previous

Description – Displays the dollars paid by Medicaid on Part A crossover claims as a percentage of the total dollars allowed by both

Medicaid and Medicare Part A for claims paid during the previous year-to-date.

Format – 99.99 percent

Features – Protected – display only

Other Messages

No Matching Records Found

System Information

PBL – MAR03.PBL

Window – W_485A_MED_PART_A

Menu – M_MAR_OPTIONS

Data Window – DW_485A_MED_PART_A

System Features

Click **Part B** to display a window titled Medicare Participation – Part B. All menu selections made in the primary window carry forward to this window.

Click **Part A and B** to display a window titled Medicare Participation – Part A and B. All menu selections made in the primary window carry forward to this window.

Click **Exit** from the window to return to the Medicare Participation – Part A window.

Click **Select** to populate the window with data that matches the criteria selected in the header menu.

Click **Exit** from the primary window to exit Medicare Participation – Part A and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 8: Medicare Participation: Part B Window

Introduction

To open the Medicare Participation – Part B window, click **Medicare** in the main command bar and a drop-down menu appears. Click **Part B** and the Medicare Participation – Part B window displays. Access the following windows from this point:

• Medicare Participation – Part A

• Medicare Participation – Part A and B

The following fields are menu options:

• Program Code

• State Aid Category

• Reporting Period

The Medicare Participation – Part B window displays current and historical data on Medicare and Medicaid expenditures on Medicare Part B crossover claims.

Figure 8.1 – Medicare Participation: Part B Window

File	Edit
Select	Copy
Exit	
Exit Indiana MAR	
Print	
Part A	
Part A and B	

Figure 8.2 – Medicare Participation: Part B Window Menu Tree

Figure 8.2 is an illustration of the menu tree for the Medicare Participation: Part B window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the Medicare Participation: Part B window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Part A – Displays a window Medicare Participation – Part A.

Part A and B – Displays a window Medicare Participation – Part A and B.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of state-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphabetic description

Features – Drop-down menu display

　　　Valid values:

Refer to *Appendix O* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: State Aid Category

Description – Indicates the FSSA specified grouping of the ICES categories of eligibility assigned to each person at the time of enrollment in a medical assistance program. For the CSHCS and 590 Prison programs, select the appropriate program code and select State aid category **Unknown** to display figures for the programs that are not ICES aid category driven.

Format – Alphabetic description

Features – Drop-down menu display

　　　Valid values:

Refer to *Appendix G* for valid values.

Field Name: Reporting Period

Description – Indicates the data reported is from claims paid during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Year To Date

Description – Displays a selection box with the year-to-date values. Click the desired year-to-date value. Reporting period is modified to include claims data accumulated from the beginning of the selected year-to-date value through the month of the reporting period.

Format – Alphabetic description

Features – Selection box

    Valid Values:

    State Fiscal YTD, July 1 to June 30

    Federal Fiscal YTD, October 1 to September 30

    Calendar YTD, January 1 to December 31

Field Name: Include Eligibility Counts

Description – Selection box decreases clocking time in window by opting not to have eligibility counts in query.

Format – Alphabetic description

Features – Selection box

    Valid values:

    X (click on to choose "include eligibility counts")

    Blank (click off to choose "do not include eligibility counts")

Field Name: Total Eligibles with Medicare Part B – This Month

Description – Displays the current number of eligibles who also qualify for Medicare Part B benefits.

Format – 99,999,999

Features – Protected – display only

Field Name: Number of Part B Claims Paid – This Month

Description – Displays the number of claims with some portion of the total bill paid by Medicare Part B paid during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Medicaid Paid for Part B Claims – This Month

Description – Displays the dollars paid by Medicaid for the claims with Medicare Part B payments.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Total Medicare Payment for Part B (Crossover Bills) – This Month

Description – Displays the dollars paid by Medicare Part B benefits for claims finalized for payment in the Medicaid system during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Part B Buy-In Premium Paid – This Month

Description – Displays the dollars paid by Medicaid toward Medicare Part B buy-in premiums.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Part B Buy-In Premium as a Percentage Paid by Medicare – This Month

Description – Displays the dollars paid by Medicaid toward Medicare Part B buy-in premiums as a percentage of the dollars paid for claims paid by Medicare Part B benefits during the reporting period.

Format – 99.99 percent

Features – Protected – display only

Field Name: Total Medicaid Payments as a Percentage of Total Medicare and Medicaid Payment – This Month

Description – Displays the dollars paid by Medicaid on Part B crossover claims as a percentage of the total dollars allowed by both Medicaid and Medicare Part B for claims paid during the reporting period.

Format – 99.99 percent

Features – Protected – display only

Field Name: Total Eligibles with Medicare Part B – Same Month Last Year

Description – Displays the current number of eligibles who were also eligible for Medicare Part B benefits in the same month of the previous year.

Format – 99,999,999

Features – Protected – display only

Field Name: Number of Part B Claims Paid – Same Month Last Year

Description – Displays the number of claims with some portion of the total bill paid by Medicare Part B paid during the same month of the previous year.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Medicaid Allowed for Part B Claims – Same Month Last Year

Description – Displays the dollars allowed by Medicaid for the claims with Medicare Part B payments finalized during the same month of the previous year.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Total Medicare Payment for Part B (Crossover Bills) – Same Month Last Year

Description – Displays the dollars paid by Medicare Part B benefits for claims finalized for payment in the Medicaid system during the same month of the previous year.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Part B Buy-In Premium Paid – Same Month Last Year

Description – Displays the dollars paid by Medicaid toward Medicare Part B buy-in premiums during the same month of the previous year.

Format – $9,999,999,999.99.

Features – Protected – display only

Field Name: Part B Buy-In Premium as a Percentage Paid by Medicare – Same Month Last Year

Description – Displays the dollars paid by Medicaid toward Medicare Part B buy-in premiums as a percentage of the dollars paid for claims paid by Medicare Part B benefits during the same month of the previous year.

Format – 99.99 percent

Features – Protected – display only

Field Name: Total Medicaid Payments as a Percentage of Total Medicare and Medicaid Payment – Same Month Last Year

Description – Displays the dollars paid by Medicaid on Part B crossover claims as a percentage of the total dollars allowed by both Medicaid and Medicare Part B for claims paid during the month of the reporting period of the previous year.

Format – 99.99 percent

Features – Protected – display only

Field Name: Total Eligibles with Medicare Part B – Last Six Month Average

Description – Displays the average per month number of eligibles who also qualify for Medicare Part B benefits using the six months prior to, but not including, the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Number of Part B Claims Paid – Last Six Month Average

Description – Displays the average per month number of claims paid during the six months prior to, but not including, the reporting period with some portion of the total bill paid by Medicare Part B.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Medicaid Allowed for Part B Claims – Last Six Month Average

Description – Displays the average per month dollars allowed by Medicaid for the claims with Medicare Part B payments using the six months prior to, but not including, the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Total Medicare Payment for Part B (Crossover Bills) – Last Six Months Average

Description – Displays the dollars paid by Medicare Part B benefits for claims finalized for payment in the Medicaid system as an average per month of the six months prior to the reporting period month.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Part B Buy-In Premium Paid – Last Six Month Average

Description – Displays the dollars paid by Medicaid toward Medicare Part B buy-in premiums averaged per month for the six months prior to the reporting period month.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Part B Buy-In Premium as a Percentage Paid by Medicare – Last Six Months Average

Description – Displays the dollars paid by Medicaid toward Medicare Part B buy-in premiums as a percentage of the dollars paid for claims paid averaged per month for the six months prior to the reporting period month by Medicare Part B benefits.

Format – 99.99 percent

Features – Protected – display only

Field Name: Total Medicaid Payments as a Percentage of Total Medicare and Medicaid Payment – Last Six Month Average

Description – Displays the dollars paid by Medicaid on Part B crossover claims as a percentage of the total dollars allowed by both Medicaid and Medicare Part B for paid claims averaged per month for the six months prior to the reporting period month.

Format – 99.99 percent

Features – Protected – display only

Field Name: Total Eligibles with Medicare Part B – To Date Totals – Current

Description – Displays the current number of eligibles who also qualify for Medicare Part B benefits for the current year-to-date value.

Format – 99,999,999

Features – Protected – display only

Field Name: Number of Part B Claims Paid – To Date Totals – Current

Description – Displays the number of claims with some portion of the total bill paid by Medicare Part B paid during the current year-to-date value.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Medicaid Allowed for Part B Claims – To Date Totals – Current

Description – Displays the dollars allowed by Medicaid for the claims with Medicare Part B payments for claims finalized during the year-to-date value.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Total Medicare Payment for Part B (Crossover Bills) – To Date Totals – Current

Description – Displays the dollars paid by Medicare Part B benefits for claims finalized for payment in the Medicaid system during the current year-to-date value.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Part B Buy-In Premium Paid – To Date Totals – Current

Description – Displays the dollars paid by Medicaid toward Medicare Part B buy-in premiums for claims finalized during the current year-to-date value.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Part B Buy-In Premium as a Percentage Paid by Medicare – To Date Totals – Current

Description – Displays the dollars paid by Medicaid toward Medicare Part B buy-in premiums as a percentage of the dollars paid for claims paid by Medicare Part B benefits during the current year to date.

Format – 99.99 percent

Features – Protected – display only

Field Name: Total Medicaid Payments as a Percentage of Total Medicare and Medicaid Payment – To Date Totals – Current

Description – Displays the dollars paid by Medicaid on Part B crossover claims as a percentage of the total dollars allowed by both Medicaid and Medicare Part B for claims paid during the current year to date.

Format – 99.99 percent

Features – Protected – display only

Field Name: Total Eligibles with Medicare Part B – To Date Totals – Previous

Description – Displays the current number of eligibles who also qualify for Medicare Part B benefits during the previous year-to-date.

Format – 99,999,999

Features – Protected – display only

Field Name: Number of Part B Claims Paid – To Date Totals – Previous

Description – Displays the number of claims with some portion of the total bill paid by Medicare Part B paid during the previous year-to-date.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Medicaid Allowed for Part B Claims – To Date Totals – Previous

Description – Displays the dollars allowed by Medicaid for the claims with Medicare Part B payments finalized during the previous year-to-date.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Total Medicare Payment for Part B (Crossover Bills) – To Date Totals – Previous

Description – Displays the dollars paid by Medicare Part B benefits for claims finalized for payment in the Medicaid system during the previous year-to-date.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Part B Buy-In Premium Paid – To Date Totals – Previous

Description – Displays the dollars paid by Medicaid toward Medicare Part B buy-in premiums during the previous year-to-date.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Part B Buy-In Premium as a Percentage Paid by Medicare – To Date Totals – Previous

Description – Displays the dollars paid by Medicaid toward Medicare Part B buy-in premiums as a percentage of the dollars paid for claims paid by Medicare Part B benefits during the previous year-to-date.

Format – 99.99 percent

Features – Protected – display only

Field Name: Total Medicaid Payments as a Percentage of Total Medicare and Medicaid Payment – To Date Totals – Previous

Description – Displays the dollars paid by Medicaid on Part B crossover claims as a percentage of the total dollars allowed by both

Medicaid and Medicare Part B for claims paid during the previous year-to-date.

Format – 99.99 percent

Features – Protected – display only

Other Messages

No Matching Records Found

System Information

PBL – MAR03.PBL

Window – W_485B_MED_PART_B

Menu – M_MAR_OPTIONS

Data Window – DW_485B_MED_PART_B

System Features

Click **Part A** to display a window titled Medicare Participation – Part A. All menu selections made in the primary window carry forward to this window.

Click **Part A and B** to display a window titled Medicare Participation – Part A and B. All menu selections made in the primary window carry forward to this window.

Click **Exit** from the window to return to the Medicare Participation – Part B window.

Click **Select** to populate the window with data that matches the criteria selected in the header menu.

Click **Exit** from the primary window to exit Medicare Participation – Part B window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 9: Medicare Participation: Part A and B Window

Introduction

To open the Medicare Participation – Part A and B window, click **Medicare** in the main command bar and a drop-down menu appears. Click **Part A and B** and the Medicare Participation – Part A and B window displays. Access the following windows from this point:

- Medicare Participation – Part A
- Medicare Participation – Part B

The following fields are menu options:

- Program Code
- State Aid Category
- Reporting Period

The Medicare Participation – Part A and B window provides an analysis of total Medicare and Medicaid expenditures for paid crossover claims during various time periods.

Figure 9.1 – Medicare Participation: Part A and B Window

File	Edit
Select	Copy
Exit	
Exit Indiana MAR	
Print	
Part A	
Parts B	

Figure 9.2 – Medicare Participation: Part A and B Window Menu Tree

Figure 9.2 is an illustration of the menu tree for the Medicare Participation: Parts A and B window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the Medicare Participation: Part A and B window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Part A – Displays a window: Medicare Participation – Part A.

Part B – Displays a window: Medicare Participation – Part B.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Refer to *Appendix O* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: State Aid Category

Description – Indicates the FSSA specified grouping of the ICES categories of eligibility assigned to each person at the time of enrollment in a medical assistance program. For the CSHCS and 590 Prison programs, select the appropriate **program code** and select State aid category **Unknown** to display figures for the programs that are not ICES aid category driven.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Refer to *Appendix G* for valid values.

Field Name: Reporting Period

Description – Indicates the data reported is from claims paid during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Year To Date

Description – Displays a selection box with the year-to-date values. Click the desired year-to-date value. Reporting Period is modified to include claims data accumulated from the beginning of the selected year to date value through the month of the reporting period.

Format – Alphabetic description

Features – Selection box

Valid Values:

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Include Eligibility Counts

Description – Selection box decreases clocking time in window by opting not to have eligibility counts in query.

Format – Alphabetic description

Features – Selection box

Valid values:

X (click on to choose "include eligibility counts")

Blank (click off to choose "do not include eligibility counts")

Field Name: Total Eligibles with Medicare Part A and B – This Month

Description – Displays the current number of eligibles who also qualify for Medicare Part A or B benefits.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Medicaid Payments for Medicaid/Medicare Eligibles – This Month

Description – Displays the dollars paid by Medicaid for the claims with Medicare Part A or B payments.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Total Medicaid-Medicare Payment for Medicaid-Medicare Eligibles – This Month

Description – Displays the total dollars paid by Medicaid and Medicare benefits for claims paid during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Medicaid Payments as a Percentage of all Payment for Medicaid-Medicare Eligibles – This Month

Description – Displays the dollars paid by Medicaid on all crossover claims as a percentage of the total dollars allowed by both Medicaid and Medicare for claims paid during the reporting period.

Format – 99.99 percent

Features – Protected – display only

Field Name: Total Eligibles with Medicare Part A and B – Same Month Last Year

Description – Displays the current number of eligibles who also qualify for Medicare Part A or B benefits during the same month of the previous year.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Medicaid Payments for Medicaid/Medicare Eligibles – Same Month Last Year

Description – Displays the dollars allowed by Medicaid for the claims with Medicare Part A or B payments during the same month of the previous year.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Total Medicaid-Medicare Payment for Medicaid-Medicare Eligibles – Same Month Last Year

Description – Displays the total dollars paid by Medicaid and Medicare benefits for claims paid during the same month of the previous year.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Medicaid Payments as a Percentage of all Payment for Medicaid-Medicare Eligibles – Same Month Last Year

Description – Displays the dollars paid by Medicaid on all crossover claims as a percentage of the total dollars allowed by both Medicaid and Medicare for claims paid during the same month of the previous year.

Format – 99.99 percent

Features – Protected – display only

Field Name: Total Eligibles with Medicare Part A and B – Last Six Months Average

Description – Displays the current number of eligibles who also qualify for Medicare Part A or B benefits averaged per month for the six months prior to the reporting period month.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Medicaid Payments for Medicaid/Medicare Eligibles – Last Six Months Average

Description – Displays the dollars allowed by Medicaid for the claims with Medicare Part A or B payments averaged per month for the six months prior to the reporting period month.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Total Medicaid-Medicare Payment for Medicaid-Medicare Eligibles – Last Six Months Average

Description – Displays the total dollars paid by Medicaid and Medicare benefits for paid claims averaged per month for the six months prior to the reporting period month.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Medicaid Payments as a Percentage of all Payment for Medicaid-Medicare Eligibles – Last Six Month Average

Description – Displays the dollars paid by Medicaid on all crossover claims as a percentage of the total dollars allowed by both Medicaid and Medicare for paid claims averaged per month for the six months prior to the reporting period month.

Format – 99.99 percent

Features – Protected – display only

Field Name: Total Eligibles with Medicare Part A and B – To Date Totals – Current

Description – Displays the current number of eligibles who also qualify for Medicare Part A or B benefits during the current year to date.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Medicaid Payments for Medicaid/Medicare Eligibles – To Date Totals – Current

Description – Displays the dollars allowed by Medicaid for the claims with Medicare Part A or B payments during the current year to date.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Total Medicaid-Medicare Payment for Medicaid-Medicare Eligibles – To Date Totals – Current

Description – Displays the total dollars paid by Medicaid and Medicare benefits for claims paid during the current year to date.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Medicaid Payments as a Percentage of all Payment for Medicaid-Medicare Eligibles – To Date Totals – Current

Description – Displays the dollars paid by Medicaid for all crossover claims as a percentage of the total dollars allowed by both Medicaid and Medicare for claims paid during the current year to date.

Format – 99.99 percent

Features – Protected – display only

Field Name: Total Eligibles with Medicare Part A and B – To Date Totals – Previous

Description – Displays the current number of eligibles who also qualify for Medicare Part A or B benefits during the previous year-to-date.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Medicaid Payments for Medicaid/Medicare Eligibles – To Date Totals – Previous

Description – Displays the dollars allowed by Medicaid for the claims with Medicare Part A or B payments during the previous year-to-date.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Total Medicaid-Medicare Payment for Medicaid-Medicare Eligibles – To Date Totals – Previous

Description – Displays the total dollars paid by Medicaid and Medicare benefits for claims paid during the previous year-to-date.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Medicaid Payments as a Percentage of all Payment for Medicaid-Medicare Eligibles – To Date Totals – Previous

Description – Displays the dollars paid by Medicaid for all crossover claims as a percentage of the total dollars allowed by both Medicaid and Medicare for claims paid during the previous year-to-date.

Format – 99.99 percent

Features – Protected – display only

Other Messages

No Matching Records Found

System Information

PBL – MAR03.PBL

Window – W_485AB_MED_PART_AB

Menu – M_MAR_OPTIONS

Data Window – DW_485AB_MED_PART_AB

System Features

Click **Part A** to display a window titled Medicare Participation – Part A. All menu selections made in the primary window carry forward to this window.

Click **Part B** to display a window titled Medicare Participation – Part B. All menu selections made in the primary window carry forward to this window.

Click **Exit** from the window to return to the Medicare Participation – Part A and B window.

Click **Select** to populate the window with data that matches the criteria selected in the header menu.

Click **Exit** from the primary window to exit the Medicare Participation – Part A and B window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 10: HCFA - 2082 Sections A & B Window

Introduction

To open the HCFA-2082 – Sections A and B window, click **HCFA-2082** in the main command bar and a drop-down menu appears. Click **HCFA-2082 – AB** and HCFA-2082 – Sections A and B appears. Access the Non Claim Specific Financial Transactions window from this point:

The following fields are menu options:

- Program Code

- Federal COS

- Federal Aid Category

- Assistance Status

- Reporting Period

HCFA-2082 – Sections A and B, reporting required by the federal government, displays counts and dollar expenditures for recipients of medical care by maintenance assistance status, basis of eligibility, and by type of medical service for each federal aid category.

Figure 10.1 – HCFA - 2082 Sections A & B Window

File	**Edit**
Select	Copy
Exit	
Exit Indiana MAR	
Print	
Non Claim Specific	

Figure 10.2 – HCFA - 2082 Sections A & B Window Menu Tree

Figure 10.2 is an illustration of the menu tree for the HCFA-2082 – Sections A and B window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the HCFA-2082 – Sections A and B window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Non Claim Specific – Displays a window titled Non Claim Specific Financial Transactions.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Refer to *Appendix O* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Federal COS

Description – Indicates the federal classification assigned to a service billed on a claim.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Refer to *Appendix B* for valid values.

Field Name: Federal Aid Category

Description – Indicates the federal aid category of eligibility assigned to each eligible in the system. For programs CSHCS and 590 Prison,

select the appropriate program code and select federal aid category **Unknown** to display figures for the programs that are not aid category driven.

Format – Alphabetic description

Features – Drop-down menu display

   Valid values:

Refer to *Appendix H* for valid values.

Field Name: Assistance Status

Description – Indicates the HCFA classification of types of aid awarded to eligible recipients enrolled in medical assistance programs. Medical assistance status refers to Medicaid recipients only and must be set to **All** to include recipients of other program codes, or select Assistance Status **6 MAS** = Unknown/Error to select recipients by programs codes other than Medicaid.

Format – Alphanumeric description

Features – Drop-down menu display

   Valid values:

   1 Categorically Needy, Receiving Assistance

   2 Categorically Needy, Not Receiving Assistance

   3 Medically Needy

   4 Other Coverage Created Pre '88

   5 Coverage Created '88 and Later

   6 MAS = Unknown/Error

   7 No MAS Reported During Year

Field Name: Reporting Period

Description – Indicates the data reported is from claims paid during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Period – Select

Description – Select values that modify the reporting period to accumulate data from the beginning of the selected value through the month selected in reporting period.

Format – Alphabetic description

Features – Selection box

Valid Values:

Monthly (reporting period month)

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Include Eligibility Counts

Description – Selection box decreases clocking time in window by opting not to have eligibility counts in query.

Format – Alphabetic description

Features – Selection box

Valid values:

X (click on to choose "include eligibility counts")

Blank (click off to choose "do not include eligibility counts")

Field Name: Aid Category

Description – Displays the federal aid category selected above, or all aid categories in the criteria selected in the header menu which correspond to data from paid claims.

Format – Alphabetic description

Features – Protected – display only

Field Name: Unduplicated Recipient Count

> *Description* – Displays a count of the unique recipients served for claims finalized during the reporting period. This count only includes recipients from paid claims.
>
> *Format* – 99,999,999
>
> *Features* – Protected – display only

Field Name: Number of Eligibles

> *Description* – Displays the total number of persons enrolled in the system and in the aid category eligible for services during the reporting period.
>
> *Format* – 99,999,999
>
> *Features* – Protected – display only

Field Name: Percent of Eligibles Who Were Recipients

> *Description* – Displays the number of eligibles who received service for claims paid during the reporting period as a percentage of the total number of eligibles in the system during the same time period.
>
> *Format* – 99.99 percent
>
> *Features* – Protected – display only

Field Name: Total Paid

> *Description* – Displays the total dollar amount paid, calculated as allowed amounts minus any type of cutback, for claims finalized during the reporting period.
>
> *Format* – $9,999,999,999.99
>
> *Features* – Protected – display only

Other Messages

> No Matching Records Found

System Information

PBL – MAR03.PBL

Window – W_2082AB_PMT

Menu – M_MAR_OPTIONS

Data Window – DW_2082AB_PMT

System Features

Click **Non Claim Specific** to display a window titled Non Claim Specific Financial Transactions. The menu selections **Program Code** and **Reporting Period** from the HCFA-2082 – Sections A and B carry forward to this window.

Click **Select** to populate the display fields with data that matches the criteria selected in the header menu.

Click **Exit** from the window of Non Claim Specific Financial Transactions to close the window and return to the primary HCFA-2082 – Sections A and B window.

Click **Exit** from the primary window to exit the HCFA-2082 – Sections A and B window and return to any open window or to the Indiana MAR menu bar if no other windows are open. Menu selections do not save when the primary window closes.

Section 11: HCFA 2082 Section D.1-3 Window

Introduction

To open the HCFA-2082 – Section D.1-3 window, click **HCFA-2082** in the main command bar and a drop-down menu appears. Click **HCFA-2082 – D** and a slide-out menu appears. Click **Section D.1-3** and HCFA-2082 – Section D.1-3 appears.

The following fields are menu options:

- Program Code
- Race/Ethnicity
- Sex
- Age Group
- Reporting Period

HCFA-2082 – Sections D.1-3, reporting required by the federal government, displays counts and dollar expenditures for recipients of medical care by maintenance assistance status, basis of eligibility, and by type of medical service for each federal aid category.

Figure 11.1 – HCFA 2082 Section D.1-3 Window

File	Edit
Select	Copy
Exit	
Exit Indiana MAR	
Print	

Figure 11.2 – HCFA 2082 Section D.1-3 Window Menu Tree

Figure 11.2 is an illustration of the menu tree for the HCFA-2082 – Section D.1-3 window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the HCFA-2082 – Section D.1-3 window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphabetic description

Features – Drop-down menu display

> Valid values:

Refer to *Appendix O* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Race/Ethnicity

Description – Indicates the general grouping of eligibles by race noted at the time of enrollment in a medical assistance program.

Format – Alphanumeric description

Features – Drop-down menu display

> Valid values:
>
> *1* White (Caucasian)
>
> *2* Black not Hispanic
>
> *3* Asian or Pacific Islander
>
> *4* American Indian or Alaskan Native
>
> *5* Hispanic
>
> *6* Other

All

Field Name: Sex

Description – Indicates the gender grouping assigned to each eligible at the time of enrollment in a medical assistance program.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Male

Female

Unknown

All

Field Name: Age Group

Description – Indicates the age of the recipient at the time the service was rendered.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Under 1

1 to 5

6 to 14

15 to 21

21 to 44

45 to 64

65 to 74

75 to 84

85 and Over

Unknown

All

Field Name: Reporting Period

Description – Indicates the claims reported paid during the month selected.

Format – Month YY rolling 18-month display

Features – Drop-down menu display

Field Name: Period – Select

Description – Select values that modify the reporting period to accumulate data from the beginning of the selected value through the month selected in reporting period.

Format – Alphabetic description

Features – Selection box

Valid Values:

Monthly (reporting period month)

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Include Eligibility Counts

Description – Selection box decreases clocking time in window by opting not to have eligibility counts in query.

Format – Alphabetic description

Features – Selection box

Valid values:

X (click on to choose "include eligibility counts")

Blank (click off to choose "do not include eligibility counts")

Field Name: Age Group

Description – Displays the age group selected above, or all age groups with criteria selected in the header menu and corresponding data from paid claims.

Format – Alphabetic description

Features – Protected – display only

Field Name: Number of Eligibles

Description – Displays the total number of persons enrolled in the system and in the aid category eligible for services during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Number of Recipients

Description – Displays a count of the unique recipients served for claims finalized during the reporting period. This count only includes recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Paid

Description – Displays the total dollar amount paid, calculated as allowed amounts minus any type of cutback, for claims finalized during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Other Messages

No Matching Records Found

System Information

PBL – MAR03.PBL

Window – W_2082_D13

Menu – M_MAR_OPTIONS

Data Window – DW_2082_D13

System Features

Click **Select** to populate the display fields with data that matches the criteria selected in the header menu.

Click **Exit** from the primary window to exit the HCFA-2082 – Section D.1-3 window and return to any open window or to the Indiana MAR menu bar if no other windows are open. Menu selections do not save when the primary window closes.

Section 12: HCFA 2082 Section D.4-6 Window

Introduction

To open the HCFA 2082 Section D.4-6 window, click **HCFA-2082** in the main command bar and a drop-down menu appears. Click **HCFA-2082 – D** and a slide-out menu appears. Click **Section D.4-6** and HCFA-2082 – Section D.4-6 appears.

The following fields are menu options:

- Program Code

- Assistance Status

- Federal Aid Category

- Age Group

- Reporting Period

HCFA-2082 – Section D.4-6, reporting required by the federal government, displays counts and dollar expenditures for eligibles and recipients of medical care by maintenance assistance status, basis of eligibility, and by age group for each federal aid category.

Figure 12.1 – HCFA 2082 Section D.4-6 Window

File	**Edit**
Select	Copy
Exit	
Exit Indiana MAR	
Print	
Non Claim Specific	

Figure 12.2 – HCFA 2082 Section D.4-6 Window Menu Tree

Figure 12.2 is an illustration of the menu tree for the HCFA-2082 – Section D.4-6 window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the HCFA-2082 – Section D.4-6 window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Non Claim Specific – Displays a window Non Claim Specific Financial Transactions.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphabetic description

Features – Drop-down menu display

> Valid values:

Refer to *Appendix O* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Assistance Status

Description – Indicates the HCFA classification of types of aid awarded to eligible recipients enrolled in medical assistance programs. Medical assistance status refers to Medicaid recipients only and must be set at **All** to include recipients of other program codes or select Assistance Status **6 MAS** = Unknown/Error to select recipients by programs codes other than Medicaid.

Format – Alphabetic description

Features – Drop-down menu display

> Valid values:

> *1* Categorically Needy, Receiving Assistance

> *2* Categorically Needy, Not Receiving Assistance

> *3* Medically Needy

4 Other Coverage Created Pre '88

5 Coverage Created '88 and Later

6 MAS = Unknown/Error

7 No MAS Reported During Year

Field Name: Federal Aid Category

Description – Indicates the federal aid category of eligibility assigned to each eligible in the system. For programs CSHCS and 590 Prison, select the appropriate program code and select federal aid category **Unknown** to display figures for the programs that are not aid category driven.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Refer to *Appendix H* for valid values.

Field Name: Age Group

Description – Indicates the age of the recipient at the time the service was rendered.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Under 1

1 to 5

6 to 14

15 to 21

21 to 44

45 to 64

65 to 74

75 to 84

85 and Over

Unknown

All

Field Name: Reporting Period

Description – Indicates the claims reported paid during the month selected.

Format – Month YY rolling 18-month display

Features – Drop-down menu display

Field Name: Period – Select

Description – Select values that modify the reporting period to accumulate data from the beginning of the selected value through the month selected in reporting period.

Format – Alphabetic description

Features – Selection box

Valid Values:

Monthly (reporting period month)

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Include Eligibility Counts

Description – Selection box decreases clocking time in window by opting not to have eligibility counts in query.

Format – Alphabetic description

Features – Selection box

Valid values:

X (click on to choose "include eligibility counts")

Blank (click off to choose "do not include eligibility counts")

Field Name: Age Group

Description – Displays the age group selected above, or all age groups with criteria selected in the header menu and corresponding data from paid claims.

Format – Alphabetic description

Features – Protected – display only

Field Name: Number of Eligibles

Description – Displays the total number of persons enrolled in the system and in the aid category eligible for services during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Number of Recipients

Description – Displays a count of the unique recipients served for claims finalized during the reporting period. This count only includes recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Paid

Description – Displays the total dollar amount paid, calculated as allowed amounts minus any type of cutback, for claims finalized during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Other Messages

No Matching Records Found

System Information

PBL – MAR03.PBL

Window – W_2082_D46

Menu – M_MAR_OPTIONS

Data Window – DW_2082_D46

System Features

Click **Select** to populate the display fields with data that matches the criteria selected in the header menu.

Click **Exit** from the primary window to exit the HCFA-2082 – Section D.4-6 window and return to any open window or to the Indiana MAR menu bar if no other windows are open. Menu selections do not save when the primary window closes.

Section 13: HCFA - 2082 Section E Window

Introduction

To open the HCFA-2082 – Section E window, click **HCFA-2082** in the main command bar and a drop-down menu appears. Click **Section E** and HCFA-2082 – Section E appears.

The following fields are menu options:

- Program Code

- Federal Aid Category

- Assistance Status

- Reporting Period

HCFA-2082 – Section E, reporting required by the federal government, displays recipients' discharges from general hospitals by federal aid category and number of days of care.

Figure 13.1 – HCFA - 2082 Section E Window

File	**Edit**
Select	Copy
Exit	
Exit Indiana MAR	
Print	

Figure 13.2 – HCFA - 2082 Section E Window Menu Tree

Figure 13.2 is an illustration of the menu tree for the HCFA-2082 – Section E window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the HCFA-2082 – Section E window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Refer to *Appendix O* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Federal Aid Category

Description – Indicates the federal aid category of eligibility assigned to each eligible in the system. For programs CSHCS and 590 Prison, select the appropriate program code and select federal aid category **Unknown** to display figures for the programs that are not aid category driven.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Refer to *Appendix H* for valid values.

Field Name: Assistance Status

Description – Indicates the HCFA classification of types of aid awarded to eligible recipients enrolled in medical assistance programs.

Medical assistance status refers to Medicaid recipients only and must be set at **All** to include recipients of other program codes **6 MAS** = Unknown/Error to select recipients by programs codes other than Medicaid.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

1 Categorically Needy, Receiving Assistance

2 Categorically Needy, Not Receiving Assistance

3 Medically Needy

4 Other Coverage Created Pre '88

5 Coverage Created '88 and Later

6 MAS = Unknown/Error

7 No MAS Reported During Year

Field Name: Reporting Period

Description – Indicates the data reported is from claims paid during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Period – Select

Description – Select values that modify the reporting period to accumulate data from the beginning of the selected value through the month selected in reporting period.

Format – Alphabetic description

Features – Selection box

Valid Values:

Monthly (reporting period month)

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Different Recipients Discharged – Recipient Count

Description – Displays a count of the unique recipients discharged from general hospitals for claims finalized during the reporting period. This count only includes recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Number of Discharges – Recipient Count

Description – Displays the actual number of discharges from general hospitals, regardless of duplication of recipients, for claims finalized during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Number Covering Specified Days of Care: 1 or Less

Description – Displays the total number of days of care when the recipients' stay in a general hospital was 1 day or less.

Format – 99,999,999

Features – Protected – display only

Field Name: Number Covering Specified Days of Care: 2-3

Description – Displays the total number of days of care when the recipients' stay in a general hospital was 2 to 3 days

Format – 99,999,999

Features – Protected – display only

Field Name: Number Covering Specified Days of Care: 4-6

Description – Displays the total number of days of care when the recipients' stay in a general hospital was 4 to 6 days.

Format – 99,999,999

Features – Protected – display only

Field Name: Number Covering Specified Days of Care: 7-13

Description – Displays the total number of days of care when the recipients' stay in a general hospital was 7 to 13 days.

Format – 99,999,999

Features – Protected – display only

Field Name: Number Covering Specified Days of Care: 14-29

Description – Displays the total number of days of care when the recipients' stay in a general hospital was 14 to 29 days.

Format – 99,999,999

Features – Protected – display only

Field Name: Number Covering Specified Days of Care: 30-59

Description – Displays the total number of days of care when the recipients' stay in a general hospital was 30 to 59 days

Format – 99,999,999

Features – Protected – display only

Field Name: Number Covering Specified Days of Care: 60-89

Description – Displays the total number of days of care when the recipients' stay in a general hospital was 60 to 89 days.

Format – 99,999,999

Features – Protected – display only

Field Name: Number Covering Specified Days of Care: 90 or More

Description – Displays the total number of days of care when the recipients' stay in a general hospital was 90 days or more.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Days of Care

Description – Displays the total number of days of care for all lengths of stay in general hospitals for claims paid during the reporting period.

Format – 99,999,999

Features – Protected – display only

Other Messages

No Matching Records Found

System Information

PBL – MAR03.PBL

Window – W_2082E_RECIP_CNT

Menu – M_MAR_OPTIONS

Data Window – DW_2082E_RECIP_CNT

System Features

Click **Select** to populate the display fields with data that matches the criteria selected in the header menu.

Click **Exit** to exit the HCFA-2082 – Section E window and return to any open window or to the Indiana MAR menu bar if no other windows are open. Menu selections do not save when the primary window closes.

Section 14: HCFA - 2082F Inpatient Mental Health Window

Introduction

To open the HCFA-2082 – Section F Inpatient Mental Health window, click **HCFA-2082** in the main command bar and a drop-down menu appears. Click **Section F** and a slide-out menu appears. Click **Inpatient Mental Health** and HCFA-2082 – Section F Inpatient Mental Health appears.

The following fields are menu options:

- Program Code
- Federal Aid Category
- Assistance Status
- Reporting Period

HCFA-2082 – Section F, reporting required by the federal government, displays recipients of inpatient mental health facility services by federal aid category and number of days of care.

Figure 14.1 – HCFA - 2082F Inpatient Mental Health Window

File	Edit
Select	Copy
Exit	
Exit Indiana MAR	
Print	

Figure 14.2 – HCFA - 2082F Inpatient Mental Health Window Menu Tree

Figure 14.2 is an illustration of the menu tree for the HCFA-2082 – Section F Inpatient Mental Health window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the HCFA-2082 – Section F Inpatient Mental Health window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of state-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphabetic description

Features – Drop-down menu display

> Valid values:

Refer to *Appendix O* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Federal Aid Category

Description – Indicates the federal aid category of eligibility assigned to each eligible in the system. For programs CSHCS and 590 Prison, select the appropriate program code and select federal aid category **Unknown** to display figures for the programs that are not aid category driven.

Format – Alphabetic description

Features – Drop-down menu display

> Valid values:

Refer to *Appendix H* for valid values.

Field Name: Assistance Status

Description – Indicates the HCFA classification of types of aid awarded to eligible recipients enrolled in medical assistance programs.

Medical assistance status refers to Medicaid recipients only and must be set at **All** to include recipients of other program codes, or select Assistance Status **6 MAS** = Unknown/Error to select recipients by programs codes other than Medicaid.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

1 Categorically Needy, Receiving Assistance

2 Categorically Needy, Not Receiving Assistance

3 Medically Needy

4 Other Coverage Created Pre '88

5 Coverage Created '88 and Later

6 MAS = Unknown/Error

7 No MAS Reported During Year

Field Name: Reporting Period

Description – Indicates the data reported is from claims paid during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Period – Select

Description – Select values that modify the reporting period to accumulate data from the beginning of the selected value through the month selected in reporting period.

Format – Alphabetic description

Features – Selection box

Valid Values:

Monthly (reporting period month)

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Total Number of Recipients – Unduplicated Recipient Count

Description – Displays a count of unique recipients discharged from inpatient mental health facility stays for claims finalized during the reporting period. This count only includes recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Days Of Care: 1-60

Description – Displays the total number of days of care when the recipients' stay as an inpatient in a mental health facility was 1 to 60 days.

Format – 99,999,999

Features – Protected – display only

Field Name: Days Of Care: 61-120

Description – Displays the total number of days of care when the recipients' stay as an inpatient in a mental health facility was 61 to 120 days.

Format – 99,999,999

Features – Protected – display only

Field Name: Days Of Care: 121-180

Description – Displays the total number of days of care when the recipients' stay as an inpatient in a mental health facility was 121 to 180 days.

Format – 99,999,999

Features – Protected – display only

Field Name: Days Of Care: 181-270

Description – Displays the total number of days of care when the recipients' stay as an inpatient in a mental health facility was 181 to 270 days.

Format – 99,999,999

Features – Protected – display only

Field Name: Days Of Care: 271-364

Description – Displays the total number of days of care when the recipients' stay as an inpatient in a mental health facility was 271 to 364 days.

Format – 99,999,999

Features – Protected – display only

Field Name: Days Of Care: 365 and Over

Description – Displays the total number of days of care when the recipients' stay as an inpatient in a mental health facility was 365 or more days.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Days of Care

Description – Displays the total number of days of care for all lengths of stay as an inpatient in a mental health facility for claims finalized during the reporting period.

Format – 99,999,999

Features – Protected – display only

Other Messages

No Matching Records Found

System Information

PBL – MAR03.PBL

Window – W_2082F_UNDUPE_RECIP-CNT

Menu – M_MAR_OPTIONS

Data Window – DW_2082F_UNDUPE_RECIP_CNT

System Features

Click **Select** to populate the display fields with data that matches the criteria selected in the header menu.

Click **Exit** to exit the HCFA-2082 – Section F Inpatient Mental Health window and return to any open window or to the Indiana MAR menu bar if no other windows are open. Menu selections do not save when the primary window closes.

Section 15: HCFA - 2082F Nursing Facility Window

Introduction

To open the HCFA-2082 – Section F Nursing Facility window, click **HCFA-2082** in the main command bar and a drop-down menu appears. Click **Section F** and a slide-out menu appears. Click **Skilled Nursing Facility** and HCFA-2082 – Section F appears.

The following fields are menu options:

- Program Code
- Federal Aid Category
- Assistance Status
- Reporting Period

HCFA-2082 – Section F Nursing Facility, reporting required by the federal government, displays recipients of skilled nursing facility services by federal aid category and number of days of care.

Figure 15.1 – HCFA - 2082F Nursing Facility Window

File	Edit
Select	Copy
Exit	
Exit Indiana MAR	
Print	

Figure 15.2 – HCFA - 2082F Nursing Facility Window Menu Tree

Figure 15.2 is an illustration of the menu tree for the HCFA-2082 – Section F Nursing Facility window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the HCFA-2082 – Section F Nursing Facility window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphabetic description

Features – Drop-down menu display

   Valid values:

Refer to *Appendix O* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Federal Aid Category

Description – Indicates the federal aid category of eligibility assigned to each eligible in the system. For programs CSHCS and 590 Prison, select the appropriate program code and select federal aid category **Unknown** to display figures for the programs that are not aid category driven.

Format – Alphabetic description

Features – Drop-down menu display

   Valid values:

Refer to *Appendix H* for valid values.

Field Name: Assistance Status

Description – Indicates the HCFA classification of types of aid awarded to eligible recipients enrolled in medical assistance programs.

Medical assistance status refers to Medicaid recipients only and must be set at **All** to include recipients of other program codes or select Assistance Status **6 MAS** = Unknown/Error to select recipients by programs codes other than Medicaid.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

1 Categorically Needy, Receiving Assistance

2 Categorically Needy, Not Receiving Assistance

3 Medically Needy

4 Other Coverage Created Pre '88

5 Coverage Created '88 and Later

6 MAS = Unknown/Error

7 No MAS Reported During Year

Field Name: Reporting Period

Description – Indicates the data reported is from claims paid during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Period – Select

Description – Select values that modify the reporting period to accumulate data from the beginning of the selected value through the month selected in reporting period.

Format – Alphabetic description

Features – Selection box

Valid Values:

Monthly (reporting period month)

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Total Number of Recipients – Unduplicated Recipient Count

Description – Displays a count of unique recipients discharged from skilled nursing facility stays for claims finalized during the reporting period. This count only includes recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Days Of Care: 1-60

Description – Displays the total number of days of care when the recipients' stay in a skilled nursing facility was 1 to 60 days.

Format – 99,999,999

Features – Protected – display only

Field Name: Days Of Care: 61-120

Description – Displays the total number of days of care when the recipients' stay in a skilled nursing facility was 61 to 120 days.

Format – 99,999,999

Features – Protected – display only

Field Name: Days Of Care: 121-180

Description – Displays the total number of days of care when the recipients' stay in a skilled nursing facility was 121 to 180 days.

Format – 99,999,999

Features – Protected – display only

Field Name: Days Of Care: 181-270

Description – Displays the total number of days of care when the recipients' stay in a skilled nursing facility was 181 to 270 days.

Format – 99,999,999

Features – Protected – display only

Field Name: Days Of Care: 271-364

Description – Displays the total number of days of care when the recipients' stay in a skilled nursing facility was 271 to 364 days.

Format – 99,999,999

Features – Protected – display only

Field Name: Days Of Care: 365 and Over

Description – Displays the total number of days of care when the recipients' stay in a skilled nursing facility was 365 or more days.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Days of Care

Description – Displays the total number of days of care for all lengths of stay in skilled nursing facilities for claims paid during the reporting period.

Format – 99,999,999

Features – Protected – display only

Other Messages

No Matching Records Found

System Information

PBL – MAR03.PBL

Window – W_2082G_UNDUPE_RECIP_NURS

Menu – M_MAR_OPTIONS

Data Window – DW_2082G_UNDUPE_RECIP_NURS

System Features

Click **Select** to populate the display fields with data that matches the criteria selected in the header menu.

Click **Exit** to exit the HCFA-2082 – Section F Nursing Facility window and return to any open window or to the Indiana MAR menu bar if no other windows are open. Menu selections do not save when the primary window closes.

Section 16: HCFA - 2082F Institutional Window

Introduction

To open the HCFA-2082 – Section F Institutional window, click **HCFA-2082** in the main command bar and a drop-down menu appears. Click **Section F** and a slide-out menu appears. Click **Institutional** and HCFA-2082 – Section F Institutional appears.

The following fields are menu options:

- Program Code
- Federal Aid Category
- Assistance Status
- Reporting Period

HCFA-2082 – Section F Institutional displays recipients of ICF services in institutions, including mentally retarded, by federal aid categories, medical assistance status, and by number of days of care.

Figure 16.1 – HCFA - 2082F Institutional Window

File	Edit
Select	Copy
Exit	
Exit Indiana MAR	
Print	

Figure 16.2 – HCFA - 2082F Institutional Window Menu Tree

Figure 16.2 is an illustration of the menu tree for the HCFA-2082 – Section F Institutional window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the HCFA-2082 – Section F Institutional window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphabetic description

Features – Drop-down menu display

> Valid values:

Refer to *Appendix O* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Federal Aid Category

Description – Indicates the federal aid category of eligibility assigned to each eligible in the system. For programs CSHCS and 590 Prison, select the appropriate program code and select federal aid category **Unknown** to display figures for the programs that are not aid category driven.

Format – Alphabetic description

Features – Drop-down menu display

> Valid values:

Refer to *Appendix H* for valid values.

Field Name: Assistance Status

Description – Indicates the HCFA classification of types of aid awarded to eligible recipients enrolled in medical assistance programs.

Medical assistance status refers to Medicaid recipients only and must be set at **All** to include recipients of other program codes or select Assistance Status **6 MAS** = Unknown/Error to select recipients by programs codes other than Medicaid.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

1 Categorically Needy, Receiving Assistance

2 Categorically Needy, Not Receiving Assistance

3 Medically Needy

4 Other Coverage Created Pre '88

5 Coverage Created '88 and Later

6 MAS = Unknown/Error

7 No MAS Reported During Year

Field Name: Reporting Period

Description – Indicates the claims reported paid during the month selected.

Format – Month YY rolling 18-month display

Features – Drop-down menu display

Field Name: Period – Select

Description – Select values that modify the reporting period to accumulate data from the beginning of the selected value through the month selected in reporting period.

Format – Alphabetic description

Features – Selection box

Valid Values:

Monthly (reporting period month)

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Subsection A: ICF Services in Institutions Other Than Mentally Retarded – Total Number of Recipients of Intermediate Care Facilities – Unduplicated Recipient Count

Description – Displays a count of unique recipients discharged from intermediate care facility (ICF) stays for claims finalized during the reporting period. This section does not include those services for the mentally retarded. This count only includes recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Subsection A: ICF Services in Institutions Other Than Mentally Retarded – Days of Care: 1-60

Description – Displays the total number of days of care when the recipients' stay in the facility was 1 to 60 days.

Format – 99,999,999

Features – Protected – display only

Field Name: Subsection A: ICF Services in Institutions Other Than Mentally Retarded – Days of Care: 61-120

Description – Displays the total number of days of care when the recipients' stay in the facility was 61 to 120 days.

Format – 99,999,999

Features – Protected – display only

Field Name: Subsection A: ICF Services in Institutions Other Than Mentally Retarded – Days of Care: 121-180

Description – Displays the total number of days of care when the recipients' stay in the facility was 121 to 180 days.

Format – 99,999,999

Features – Protected – display only

Field Name: Subsection A: ICF Services in Institutions Other Than Mentally Retarded – Days of Care: 181-270

Description – Displays the total number of days of care when the recipients' stay in the facility was 181 to 270 days.

Format – 99,999,999

Features – Protected – display only

Field Name: Subsection A: ICF Services in Institutions Other Than Mentally Retarded – Days of Care: 271-364

Description – Displays the total number of days of care when the recipients' stay in the facility was 271 to 364 days.

Format – 99,999,999

Features – Protected – display only

Field Name: Subsection A: ICF Services in Institutions Other Than Mentally Retarded – Days of Care: 365 and Over

Description – Displays the total number of days of care when the recipients' stay in the facility was 365 or more days.

Format – 99,999,999

Features – Protected – display only

Field Name: Subsection A: ICF Services in Institutions Other Than Mentally Retarded – Total Days of Care

Description – Displays the total number of days of care for all lengths of stay in intermediate care facilities other than for mentally retarded for claims finalized during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Subsection B: ICF Services in Institutions for Mentally Retarded – Number of Recipients

Description – Displays a count of unique recipients discharged from ICF or intermediate care facility stays for claims finalized during the

reporting period. This section only includes services for the mentally retarded. This count only includes recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Subsection B: ICF Services in Institutions for Mentally Retarded – Total Days of Care

Description – Displays the total number of days of care for all lengths of stay in intermediate care facility for the mentally retarded for claims finalized during the reporting period.

Format – 99,999,999

Features – Protected – display only

Other Messages

No Matching Records Found

System Information

PBL – MAR03.PBL

Window – W_2082H_RECIP_INTER_CNT

Menu – M_MAR_OPTIONS

Data Window – DW_2082H_RECIP_INTER_CNT

System Features

Click **Select** to populate the display fields with data that matches the criteria selected in the header menu.

Click **Exit** to exit the HCFA-2082 – Section F Institutional window and return to any open window or to the Indiana MAR menu bar if no other windows are open. Menu selections do not save when the primary window closes.

Section 17: HCFA - 2082 Sections G & H - Age Window

Introduction

To open the HCFA-2082 – Sections G and H – Age window, click **HCFA-2082** in the main command bar and a drop-down menu appears. Click **HCFA-2082** – **CD** and a slide-out menu appears. Click **Age** and HCFA-2082 – Sections G and H – Age appears. Access the following windows from this point:

- HCFA-2082 – Sections G and H – Sex

- HCFA-2082 – Sections G and H – Ethnic

The following fields are menu options:

- Program Code

- Federal COS

- Assistance Status

- Age Group

- Reporting Period

HCFA-2082 – Section G and H -Age, reporting required by the federal government, displays recipients of medical care by the type of service and the cost of the service by the recipient age grouping at the time the service was rendered.

Figure 17.1 – HCFA - 2082 Sections G & H - Age Window

File	Edit
Select	Copy
Exit	
Exit Indiana MAR	
Print	
Recipient Sex	
Race/Ethnicity	

Figure 17.2 – HCFA - 2082 Sections G & H - Age Window Menu Tree

Figure 17.2 is an illustration of the menu tree for the HCFA-2082 – Sections G and H – Age window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the HCFA-2082 – Sections G and H – Age window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Recipient Sex – Displays a window titled HCFA-2082 – Sections G and H – Sex.

Race/Ethnicity – Displays a window titled HCFA-2082 – Sections G and H – Ethnic.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Refer to *Appendix O* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Federal COS

Description – Indicates the federal classification assigned to a service billed on a claim.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Refer to *Appendix B* for valid values.

Field Name: Assistance Status

Description – Indicates the HCFA classification of types of aid awarded to eligible recipients enrolled in medical assistance programs. Medical assistance status refers to Medicaid recipients only and must be set at **All** to include recipients of other program codes or select Assistance Status **6 MAS** = Unknown/Error to select recipients by programs codes other than Medicaid.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

1 Categorically Needy, Receiving Assistance

2 Categorically Needy, Not Receiving Assistance

3 Medically Needy

4 Other Coverage Created Pre '88

5 Coverage Created '88 and Later

6 MAS = Unknown/Error

7 No MAS Reported During Year

Field Name: Age Group

Description – Indicates the age of the recipient at the time the service was rendered.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Under 1

1 to 5

6 to 14

15 to 20

21 to 44

45 to 64

65 to 74

75 to 84

85 and over

Unknown

All

Field Name: Reporting Period

Description – Indicates the data reported is from claims paid during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Period – Select

Description – Select values that modify the reporting period to accumulate data from the beginning of the selected value through the month selected in reporting period.

Format – Alphabetic description

Features – Selection box

Valid Values:

Monthly (reporting period month)

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Include Eligibility Counts

Description – Selection box decreases clocking time in window by opting not to have eligibility counts in query.

Format – Alphabetic description

Features – Selection box

Valid values:

X (click on to choose "include eligibility counts")

Blank (click off to choose "do not include eligibility counts")

Field Name: Federal COS

Description – Displays the federal category of service selected above or all aid categories with criteria selected in the header menu with corresponding claims paid.

Format – Alphabetic description

Features – Protected – display only

Field Name: Unduplicated Recipient Count

Description – Displays a count of the unique recipients served for claims finalized during the reporting period. This count only includes recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Number of Eligibles

Description – Displays the total number of persons enrolled in the system and in the aid category eligible for services during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Average Paid Per Recipient

Description – Displays an average of the actual dollars paid per participating eligible for claims finalized during the reporting period. Paid amount is calculated as total dollars allowed, minus any cutbacks.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Average Paid Per Eligible

Description – Displays an average of the actual dollars paid per eligible for claims finalized during the reporting period. Paid amount is calculated as total dollars allowed, minus any cutbacks.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Total Paid

Description – Displays the total dollar amount paid, calculated as allowed amounts minus any type of cutback, for claims finalized during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Other Messages

No Matching Records Found

System Information

PBL – MAR03.PBL

Window – W_2082CD_AGE

Menu – M_MAR_OPTIONS

Data Window – DW_2082CD_AGE

System Features

Click **Recipient Sex** to display a window titled HCFA-2082 – Sections G and H – Sex. The menu selections **Program Code**, **Federal COS**, **Reporting Period,** and **YTD** from the HCFA-2082 – Sections G and H – Age carry forward to this window.

Click **Race/Ethnicity** to display a window titled HCFA-2082 – Sections G and H – Ethnic. The menu selections **Program Code**, **Federal COS**, **Reporting Period,** and **YTD** from the HCFA-2082 – Sections G and H – Age carry forward to this window.

Click **Select** to populate the display fields with data that matches the criteria selected in the header menu.

Click **Exit** from the window to close the window and return to the primary HCFA-2082 – Sections G and H – Age window.

Click **Exit** from the primary window to exit the HCFA-2082 – Sections G and H – Age window and return to any open window or to the Indiana MAR menu bar if no other windows are open. Menu selections do not save when the primary window closes.

Section 18: HCFA - 2082 Sections G & H - Ethnic Window

Introduction

To open the HCFA-2082 – Sections G and H – Ethnic window, click **HCFA-2082** in the main command bar and a drop-down menu appears. Click **HCFA-2082 – CD** and a slide-out menu appears. Click **Ethnic** and HCFA-2082 – Sections G and H – Ethnic appears. Access the following windows from this point:

- HCFA-2082 – Sections G and H – Age
- HCFA-2082 – Sections G and H – Sex

The following fields are menu options:

- Program Code
- Federal COS
- Assistance Status
- Ethnic Group
- Reporting Period

HCFA-2082 – Sections G and H – Ethnic, reporting required by the federal government, displays recipients, by race or ethnicity, of medical care by type and the cost of services.

Figure 18.1 – HCFA - 2082 Sections G & H - Ethnic Window

File	Edit
Select	Copy
Exit	
Exit Indiana MAR	
Print	
Recipient Age	
Recipient Sex	

Figure 18.2 – HCFA - 2082 Sections G & H - Ethnic Window Menu Tree

Figure 18.2 is an illustration of the menu tree for the HCFA-2082 – Sections G and H – Ethnic window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the HCFA-2082 – Sections G and H – Ethnic window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Recipient Age – Displays a window titled HCFA-2082 – Sections G and H – Age.

Recipient Sex – Displays a window titled HCFA-2082 – Sections G and H – Sex.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphabetic description

Features – Drop-down menu display

   Valid values:

Refer to *Appendix O* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Federal COS

Description – Indicates the federal classification assigned to a service billed on a claim.

Format – Alphabetic description

Features – Drop-down menu display

   Valid values:

Refer to *Appendix B* for valid values.

Field Name: Assistance Status

Description – Indicates the HCFA classification of types of aid awarded to eligible recipients enrolled in medical assistance programs. Medical assistance status refers to Medicaid recipients only and must be set at **All** to include recipients of other program codes or select Assistance Status **6 MAS** = Unknown/Error to select recipients by programs codes other than Medicaid.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

1 Categorically Needy, Receiving Assistance

2 Categorically Needy, Not Receiving Assistance

3 Medically Needy

4 Other Coverage Created Pre '88

5 Coverage Created '88 and Later

6 MAS = Unknown/Error

7 No MAS Reported During Year

Field Name: Ethnic Group

Description – Indicates the general grouping of eligibles by race noted at the time of enrollment in a medical assistance program.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

1 White (Caucasian)

2 Black not Hispanic

3 Asian or Pacific Islander

4 American Indian or Alaskan Native

5 Hispanic

6 Other

All

Field Name: Reporting Period

Description – Indicates the data reported is from claims paid during the month selected.

Format – Month YY - rolling 18-month display

Features – Drop-down menu display

Field Name: Period – Select

Description – Select values that modify the reporting period to accumulate data from the beginning of the selected value through the month selected in reporting period.

Format – Alphabetic description

Features – Selection box

 Valid Values:

 Monthly (reporting period month)

 State Fiscal YTD, July 1 to June 30

 Federal Fiscal YTD, October 1 to September 30

 Calendar YTD, January 1 to December 31

Field Name: Include Eligibility Counts

Description – Selection box decreases clocking time in window by opting not to have eligibility counts in query.

Format – Alphabetic description

Features – Selection box

 Valid values:

 X (click on to choose "include eligibility counts")

 Blank (click off to choose "do not include eligibility counts")

Field Name: Federal COS

Description – Displays the federal category of service selected above, or all aid categories with criteria selected in the header menu and corresponding claims paid.

Format – Alphabetic description

Features – Protected – display only

Field Name: Unduplicated Recipient Count

Description – Displays a count of the unique recipients served for claims finalized during the reporting period. This count only includes recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Number of Eligibles

Description – Displays the total number of persons enrolled in the system and in the aid category eligible for services during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Average Paid Per Recipient

Description – Displays an average of the actual dollars paid per participating eligible for claims finalized during the reporting period. Paid amount is calculated as total dollars allowed, minus any cutbacks.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Average Paid Per Eligible

Description – Displays an average of the actual dollars paid per eligible for claims finalized during the reporting period. Paid amount is calculated as total dollars allowed, minus any cutbacks.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Total Paid

Description – Displays the total dollar amount paid, calculated as allowed amounts minus any type of cutback, for claims finalized during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Other Messages

No Matching Records Found

System Information

PBL – MAR03.PBL

Window – W_2082CD_ETHNIC

Menu – M_MAR_OPTIONS

Data Window – DW_2082CD_ETHNIC

System Features

Click **Recipient Age** to display a window titled HCFA-2082 – Sections G and H – Age. The menu selections **Program Code**, **Federal COS**, **Reporting Period,** and **YTD** from the HCFA-2082 – Sections G and H – Ethnic carry forward to this window.

Click **Recipient Sex** to display a window titled HCFA-2082 – Sections G and H – Sex. The menu selections **Program Code**, **Federal COS**, **Reporting Period**, and **YTD** from the HCFA-2082 – Sections G and H – Ethnic carry forward to this window.

Click **Select** to populate the display fields with data that matches the criteria selected in the header menu.

Click **Exit** from the window to close the window and return to the primary HCFA-2082 – Sections G and H – Ethnic window.

Click **Exit** from the primary window to exit the HCFA-2082 – Sections G and H – Ethnic window and return to any open window or to the Indiana MAR menu bar if no other windows are open. Menu selections do not save when the primary window closes.

Section 19: HCFA - 2082 Sections G & H - Sex Window

Introduction

To open the HCFA-2082 – Sections G and H – Sex window, click **HCFA-2082** in the main command bar and a drop-down menu appears. Click **HCFA-2082 – CD** and a slide-out menu appears. Click **Sex** and HCFA-2082 – Sections G and H – Sex appears. Access the following windows from this point:

• HCFA-2082 – Sections G and H – Age

• HCFA-2082 – Sections G and H – Ethnic

The following fields are menu options:

• Program Code

• Federal COS

• Assistance Status

• Sex Group

• Reporting Period

HCFA-2082 – Section G and H – Sex displays recipients of medical care by type of service and cost of those services by the gender and medical assistance status of the recipient.

Figure 19.1 – HCFA - 2082 Sections G & H - Sex Window

File	Edit
Select	Copy
Exit	
Exit Indiana MAR	
Print	
Recipient Age	
Race/Ethnicity	

Figure 19.2 – HCFA - 2082 Sections G & H - Sex Window Menu Tree

Figure 19.2 is an illustration of the menu tree for the HCFA-2082 – Sections G and H – Sex window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the HCFA-2082 – Sections G and H – Sex window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Recipient Age – Displays a window titled HCFA-2082 – Sections G and H – Age.

Race/Ethnicity – Displays a window titles HCFA-2082 – Sections G and H – Ethnic.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphabetic description

Features – Drop-down menu display

   Valid values:

Refer to *Appendix O* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Federal COS

Description – Indicates the federal classification assigned to a service billed on a claim.

Format – Alphabetic description

Features – Drop-down menu display

   Valid values:

Refer to *Appendix B* for valid values.

Field Name: Assistance Status

Description – Indicates the HCFA classification of types of aid awarded to eligible recipients enrolled in medical assistance programs. Medical assistance status refers to Medicaid recipients only and must be set at **All** to include recipients of other program codes or select Assistance Status **6 MAS** = Unknown/Error to select recipients by programs codes other than Medicaid.

Format – Alphabetic description

Features – Drop-down menu display

> Valid values:
>
> *1* Categorically Needy, Receiving Assistance
>
> *2* Categorically Needy, Not Receiving Assistance
>
> *3* Medically Needy
>
> *4* Other Coverage Created Pre '88
>
> *5* Coverage Created '88 and Later
>
> *6* MAS = Unknown/Error
>
> *7* No MAS Reported During Year

Field Name: Sex Group

Description – Indicates the gender grouping assigned to each eligible at the time of enrollment in a medical assistance program.

Format – Alphabetic description

Features – Drop-down menu display

> Valid values:
>
> Male
>
> Female
>
> Unknown
>
> All

Field Name: Reporting Period

Description – Indicates the claims reported paid during the month selected.

Format – Month YY rolling 18-month display

Features – Drop-down menu display

Field Name: Period – Select

Description – Select values that modify the reporting period to accumulate data from the beginning of the selected value through the month selected in reporting period.

Format – Alphabetic description

Features – Selection box

Valid Values:

Monthly (reporting period month)

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Include Eligibility Counts

Description – Selection box decreases clocking time in window by opting not to have eligibility counts in query.

Format – Alphabetic description

Features – Selection box

Valid values:

X (click on to choose "include eligibility counts")

Blank (click off to choose "do not include eligibility counts")

Field Name: Federal COS

Description – Displays the federal category of service selected above, or all aid categories with criteria selected in the header menu with corresponding claims paid.

Format – Alphabetic description

Features – Protected – display only

Field Name: Unduplicated Recipient Count

Description – Displays a count of the unique recipients served for claims finalized during the reporting period. This count includes recipients for paid claims only.

Format – 99,999,999

Features – Protected – display only

Field Name: Number of Eligibles

Description – Displays the total number of persons enrolled in the system and in the aid category eligible for services during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Average Paid Per Recipient

Description – Displays an average of the actual dollars paid per participating eligible for claims finalized during the reporting period. Paid amount is calculated as total dollars allowed, minus any cutbacks.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Average Paid Per Eligible

Description – Displays an average of the actual dollars paid per eligible for claims finalized during the reporting period. Paid amount is calculated as total dollars allowed, minus any cutbacks.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Total Paid

Description – Displays the total dollar amount paid, calculated as allowed amounts minus any type of cutback, for claims finalized during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Other Messages

No Matching Records Found

System Information

PBL – MAR03.PBL

Window – W_2082CD_SEX

Menu – M_MAR_OPTIONS

Data Window – DW_2082CD_SEX

System Features

Click **Recipient Age** to display a window titled HCFA-2082 – Sections G and H – Age. The menu selections **Program Code**, **Federal COS**, **Reporting Period,** and **YTD** from the HCFA-2082 – Sections G and H – Sex carry forward to this window.

Click **Race/Ethnicity** to display a window titled HCFA-2082 – Sections G and H – Ethnic. The menu selections **Program Code**, **Federal COS**, **Reporting Period**, and **YTD** from the HCFA-2082 – Sections G and H – Sex carry forward to this window.

Click **Select** to populate the display fields with data that matches the criteria selected in the header menu.

Click **Exit** from the window to close the window and return to the primary HCFA-2082 – Sections G and H – Sex window.

Click **Exit** from the primary window to exit the HCFA-2082 – Sections G and H – Sex window and return to any open window or to

the Indiana MAR menu bar if no other windows are open. Menu selections do not save when the primary window closes.

Section 20: HCFA 2082 Section K Window

Introduction

To open the HCFA-2082 – Section K window, click **HCFA-2082** in the main command bar and a drop-down menu appears. Click **Section K** and the HCFA-2082 – Section K window displays.

The following fields are menu options:

- Program Code
- Federal COS
- Recipient Type
- Reporting Period

HCFA-2082 – Section K displays vendor payments by relationship of payment to Medicare deductibles, and coinsurance by type of service for aged and disabled recipients.

Figure 20.1 – HCFA 2082 Section K Window

File	**Edit**
Select	Copy
Exit	
Exit Indiana MAR	
Print	

Figure 20.2 – HCFA 2082 Section K Window Menu Tree

Figure 20.2 is an illustration of the menu tree for the HCFA-2082 – Section K window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the HCFA-2082 – Section K window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Refer to *Appendix O* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Federal COS

Description – Indicates the federal classification assigned to a service billed on a claim.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Refer to *Appendix B* for valid values.

Field Name: Recipient Type

Description – Indicates the eligibility classifications of aged or disabled persons.

Format – Alphabetic description

Features – Drop-down menu display

Valid Values:

Aged

Disabled

Field Name: Reporting Period

Description – Indicates the data reported is from claims paid during the month selected.

Format – Month YY - rolling 18-month display

Features – Drop-down menu display

Field Name: Period – Select

Description – Select values that modify the reporting period to accumulate data from the beginning of the selected value through the month selected in reporting period.

Format – Alphabetic description

Features – Selection box

Valid Values:

Monthly (reporting period month)

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Federal COS

Description – Displays the federal category of service selected in the header menu, or any type with data meeting the other criteria selected in the header menu if **All** is selected.

Format – Alphabetic description

Features – Protected – display only

Field Name: Deductibles – Unduplicated Recipient Count

Description – Displays a count of the unique recipients for whom a deductible amount was paid during the reporting period. This count only includes recipients from paid claims.

Format – Alphabetic description

Features – Protected – display only

Field Name: Deductibles – Paid Amount

Description – Displays the dollar amounts of the deductibles paid during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Coinsurance – Unduplicated Recipient Count

Description – Displays a count of the unique recipients for whom a coinsurance amount was paid during the reporting period. This count only includes recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Coinsurance – Paid Amount

Description – Displays the dollar amounts of the coinsurance paid during the reporting period.

Format – $9,999,999,999.99.

Features – Protected – display only

Other Messages

No Matching Records Found

System Information

PBL – MAR03.PBL

Window – W_2082K

Menu – M_MAR_OPTIONS

Data Window – DW_2082K

System Features

Click **Select** to populate the window with data that matches the criteria selected in the header menu.

Click **Exit** from the primary window to exit the HCFA-2082 – Section K window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 21: HCFA - 2082 Section L Window

Introduction

To open the HCFA-2082 – Section L window, click **HCFA-2082** in the main command bar and a drop-down menu appears. Click **Section L** and the HCFA-2082 – Section L window displays.

The following fields are menu options:

- Program Code

- Federal COS

- Assistance Status

- Recipient Type

- Reporting Period

HCFA-2082 – Section L displays vendor payments by relationship of payment to Medicare deductibles, and coinsurance by type of service for aged and disabled recipients.

Figure 21.1 – HCFA - 2082 Section L Window

File	Edit
Select	Copy
Exit	
Exit Indiana MAR	
Print	

Figure 21.2 – HCFA - 2082 Section L Window Menu Tree

Figure 21.2 is an illustration of the menu tree for the HCFA-2082 – Section L window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the HCFA-2082 – Section L window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Refer to *Appendix O* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Federal COS

Description – Indicates the federal classification assigned to a service billed on a claim.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Refer to *Appendix B* for valid values.

Field Name: Assistance Status

Description – Indicates the HCFA classification of types of aid awarded to eligible recipients enrolled in medical assistance programs. Medical assistance status refers to Medicaid recipients only and must be set at **All** to include recipients of other program codes or select

Assistance Status **6 MAS** = Unknown/Error to select recipients by programs codes other than Medicaid.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

1 Categorically Needy, Receiving Assistance

2 Categorically Needy, Not Receiving Assistance

3 Medically Needy

4 Other Coverage Created Pre '88

5 Coverage Created '88 and Later

6 MAS = Unknown/Error

7 No MAS Reported During Year

Field Name: Recipient Type

Description – Indicates the eligibility classifications of aged or disabled.

Format – Alphabetic description

Features – Drop-down menu display

Valid Values:

Aged

Disabled

Field Name: Reporting Period

Description – Indicates the data reported is from claims paid during the month selected.

Format – Month YY - rolling 18-month display

Features – Drop-down menu display

Field Name: Period – Select

Description – Select values that modify the reporting period to accumulate data from the beginning of the selected value through the month selected in reporting period.

Format – Alphabetic description

Features – Selection box

Valid Values:

Monthly (reporting period month)

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Federal COS

Description – Displays the federal category of service selected in the header menu, or any type with data meeting the other criteria selected in the header menu if **All** is selected.

Format – Alphabetic description

Features – Protected – display only

Field Name: Deductibles – Unduplicated Recipient Count

Description – Displays a count of the unique recipients for whom a deductible amount was paid during the reporting period. This count only includes recipients from paid claims.

Format – Alphabetic description

Features – Protected – display only

Field Name: Deductibles – Paid Amount

Description – Displays the dollar amounts of the deductibles paid during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Coinsurance – Unduplicated Recipient Count

Description – Displays a count of the unique recipients for whom a coinsurance amount was paid during the reporting period. This count only includes recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Coinsurance – Paid Amount

Description – Displays the dollar amounts of the coinsurance paid during the reporting period.

Format – $9,999,999,999.99.

Features – Protected – display only

Other Messages

No Matching Records Found

System Information

PBL – MAR03.PBL

Window – W_2082J_AGED_DISABLED

Menu – M_MAR_OPTIONS

Data Window – DW_2082J_AGED_DISABLED

System Features

Click **Select** to populate the window with data that matches the criteria selected in the header menu.

Click **Exit** from the primary window to exit the HCFA-2082 – Section L window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 22: HCFA - 2082 Section M Window

Introduction

To open the HCFA-2082 – Section M window, click **HCFA-2082** in the main command bar and a drop-down menu appears. Click **Section M** and HCFA-2082 – Section M appears.

The following fields are menu options:

- Program Code

- Federal Aid Category

- Assistance Status

- Reporting Period

HCFA-2082 – Section M displays physicians' visits, including place of visit and cost, rural health clinic visits, home health visits, and number of prescriptions by federal aid categories.

Figure 22.1 – HCFA - 2082 Section M Window

File	Edit
Select	Copy
Exit	
Exit Indiana MAR	
Print	

Figure 22.2 – HCFA - 2082 Section M Window Menu Tree

Figure 22.2 is an illustration of the menu tree for the HCFA-2082 – Section M window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the HCFA-2082 – Section M window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Refer to *Appendix O* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Federal Aid Category

Description – Indicates the federal aid category of eligibility assigned to each eligible in the system. For programs CSHCS and 590 Prison, select the appropriate program code and select federal aid category **Unknown** to display figures for the programs that are not aid category driven.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Refer to *Appendix H* for valid values.

Field Name: Assistance Status

Description – Indicates the HCFA classification of types of aid awarded to eligible recipients enrolled in medical assistance programs.

Medical assistance status refers to Medicaid recipients only and must be set at **All** to include recipients of other program codes or select Assistance Status **6 MAS** = Unknown/Error to select recipients by programs codes other than Medicaid.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

1 Categorically Needy, Receiving Assistance

2 Categorically Needy, Not Receiving Assistance

3 Medically Needy

4 Other Coverage Created Pre '88

5 Coverage Created '88 and Later

6 MAS = Unknown/Error

7 No MAS Reported During Year

Field Name: Reporting Period

Description – Indicates the data reported is from claims paid during the month selected.

Format – Month YY - rolling 18-month display

Features – Drop-down menu display

Field Name: Period – Select

Description – Select values that modify the reporting period to accumulate data from the beginning of the selected value through the month selected in reporting period.

Format – Alphabetic description

Features – Selection box

Valid Values:

Monthly (reporting period month)

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Total Physician Visits – Unduplicated Recipient Count

Description – Displays a count of unique recipients of physician visits in all locations for claims finalized during the reporting period. This count only includes recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Physician Visits – Office – Unduplicated Recipient Count

Description – Displays a count of unique recipients of physician visits in the physician's office for claims finalized during the reporting period. Office visits are places of service 11 and 71. This count only includes recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Physician Visits – Home – Unduplicated Recipient Count

Description – Displays a count of unique recipients of physician visits to a home location for claims finalized during the reporting period. Home visits are places of service 12, 55, and 56. This count only includes recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Physician Visits – Hospital (With Inpatient) – Unduplicated Recipient Count

Description – Displays a count of unique recipients of physician visits in an inpatient hospital location for claims finalized during the reporting period. Inpatient hospital visits are places of service 21, 51, and 61. This count only includes recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Physician Visits – Hospital Outpatient Clinic – Unduplicated Recipient Count

Description – Displays a count of unique recipients of physician visits in an outpatient hospital location for claims finalized during the reporting period. Outpatient hospital visits are places of service 22, 24, 52, and 62. This count only includes recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Physician Visits – Other Clinic – Unduplicated Recipient Count

Description – Displays a count of unique recipients of physician visits in a clinic location for claims finalized during the reporting period. Other clinic places of services include 81. This count only includes recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Physician Visits – Skilled Nursing Facility – Unduplicated Recipient Count

Description – Displays a count of unique recipients of physician visits in a skilled nursing facility for claims finalized during the reporting period. Skilled nursing facility visits are places of service 31, 32, 33, and 34. This count only includes recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Physician Visits – Intermediate Care Facility – Unduplicated Recipient Count

Description – Displays a count of unique recipients of physician visits in an intermediate care facility for claims finalized during the reporting period. Intermediate care facility visits are considered place of service 54. This count only includes recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Physician Visits – Elsewhere – Unduplicated Recipient Count

Description – Displays a count of unique recipients of physician visits in a setting or location other than those listed above for claims finalized during the reporting period. Visits elsewhere include places of service 23, 25, 26, 41, 42, 65, and 99. This count only includes recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Rural Health Clinic Visits – Unduplicated Recipient Count

Description – Displays a count of unique recipients of rural health clinic visits for claims finalized during the reporting period. Rural health clinic visits are identified by category of service assignment. This count only includes recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Home Health Visits – Unduplicated Recipient Count

Description – Displays a count of unique recipients of home health visits for claims finalized during the reporting period. Home health visits are identified by category of service assignment. This count only includes recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Prescriptions – Unduplicated Recipient Count

Description – Displays a count of unique recipients of prescriptions from physicians for claims finalized during the reporting period. Prescriptions are pharmaceutical services rendered only by physicians. This count only includes recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Physician Visits – Total Dollars

Description – Displays the total dollar amount paid for all physician visits for claims finalized during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Total Physician Visits – Office – Total Dollars

Description – Displays the total dollar amount paid for physician visits in an office location for claims finalized during the reporting period. Office visits are places of service 11 and 71.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Total Physician Visits – Home – Total Dollars

Description – Displays the total dollar amount paid for physician visits to a home setting for claims finalized during the reporting period. Home visits are places of service 12, 55, and 56.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Total Physician Visits – Hospital (With Inpatient) – Total Dollars

Description – Displays the total dollars paid for physician visits in inpatient hospital locations for claims finalized during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Total Physician Visits – Hospital Outpatient Clinic – Total Dollars

Description – Displays the total dollars paid for physician visits in outpatient hospital locations for claims finalized during the reporting period. Outpatient hospital visits are places of service 22, 24, 52, and 62.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Total Physician Visits – Other Clinic – Total Dollars

Description – Displays the total dollars paid for physician visits in other clinic locations for claims finalized during the reporting period. Other clinic places of services have not been identified at this time.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Total Physician Visits – Skilled Nursing Facility – Total Dollars

Description – Displays the total dollars paid for physician visits in skilled nursing facilities for claims finalized during the reporting period. Skilled nursing facility visits are places of service 31, 32, 33, and 54.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Total Physician Visits – Intermediate Care Facility – Total Dollars

Description – Displays the total dollars paid for physician visits in intermediate care facilities for claims finalized during the reporting period. Intermediate care facility visits are considered place of service 54.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Total Physician Visits – Elsewhere – Total Dollars

Description – Displays the total dollars paid for physician visits in locations other than those listed above for claims finalized during the reporting period. Visits elsewhere include places of service 23, 25, 26, 41, 42, 65, and 99.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Rural Health Clinic Visits – Total Dollars

Description – Displays the total dollars paid for rural health clinic visits for claims finalized during the reporting period. Rural health clinic visits are identified by category of service assignment.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Home Health Visits – Total Dollars

Description – Displays the total dollars paid for home health visits for claims finalized during the reporting period. Home health visits are identified by category of service assignment.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Total Prescriptions – Total Dollars

Description – Displays the total dollars paid for prescriptions for claims finalized during the reporting period. Prescriptions are pharmaceutical services rendered only by physicians.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Physicians Office Visits – Cost of Surgical Procedures – Total Dollars

Description – Displays the total dollars paid for surgical procedures performed in a physician's office location for claims finalized during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Physicians Office Visits – Cost of Other Services – Total Dollars

Description – Displays the total dollars paid for services other than surgical procedures performed in a physician's office for claims finalized during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Rural Health Clinic Visits – Cost of Surgical Procedures – Total Dollars

Description – Displays the total dollars paid for surgical procedures performed in rural health clinics for claims finalized during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Rural Health Clinic Visits – Cost of Other Services – Total Dollars

Description – Displays the total dollars paid for services other than surgical procedures performed in a rural health clinic for claims finalized during the reporting period.

Format – 99,999,999

Features – Protected – display only

Other Messages

No Matching Records Found

System Information

PBL – MAR03.PBL

Window – W_2082I_PHYS_RURAL

Menu – M_MAR_OPTIONS

Data Window – DW_2082I_PHYS_RURAL

System Features

Click **Select** to populate the display fields with data that matches the criteria selected in the header menu.

Click **Exit** to exit the HCFA-2082 – Section I window and return to any open window or to the Indiana MAR menu bar if no other windows are open. Menu selections do not save when the primary window closes.

Section 23: Category of Service and Location Analysis Window

Introduction

To open the Category of Service and Location Analysis window, click **Misc.** in the main command bar and a drop-down menu appears. Click **Location Analysis** and a slide-out menu appears. Click **Current Month** and Category of Service and Location Analysis appears. Access the Category of Service and Location Analysis To Date window from this point.

The following fields are menu options:

• Program Code

• Category of Service

• State Aid Category

• County

• Age Group

• Reporting Period

This window provides analysis of recipients and dollars spent for each category of service by county and location (place) of service monthly.

Figure 23.1 – Category of Service and Location Analysis Window (part 1 of 2)

Figure 23.1 – Category of Service and Location Analysis Window (part 2 of 2)

File	Edit
Select	Copy
Exit	
Exit Indiana MAR	
Print	
To Date Totals	

Figure 23.2 – Category of Service and Location Analysis Window Menu Tree

Figure 23.2 is an illustration of the menu tree for the Category of Service and Location Analysis window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the Category of Service and Location Analysis window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

To Date Totals – Displays a window titled Category of Service and Location Analysis.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphabetic description

Features – Drop-down menu display

> Valid values:

Refer to *Appendix O* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Category of Service

Description – Indicates the State classification assigned to each service billed on a claim. Selections available include high level summary categories, ending in 00, and low level detail categories (sub and sub-sub categories).

Format – Alphabetic description

Features – Drop-down menu display

> Valid values:

Refer to *Appendix A* for valid values.

Field Name: State Aid Category

Description – Indicates the FSSA specified grouping of the ICES categories of eligibility assigned to each person at the time of enrollment in a medical assistance program. For the CSHCS and 590 Prison programs, select the appropriate program code and select State aid category **Unknown** to display figures for the programs that are not ICES aid category driven.

Format – Alphabetic description

Features – Drop-down menu display

  Valid values:

Refer to *Appendix G* for valid values.

Field Name: County

Description – Indicates the county code and county where a provider renders service to a recipient. Out-of-state is included in this classification.

Format – Alphabetic description

Features – Drop-down menu display

  Valid values:

Refer to *Appendix R* for valid values.

Field Name: Age Group

Description – Indicates the age of the recipient at the time the service was rendered.

Format – Alphabetic description

Features – Drop-down menu display

  Valid values:

  Under 1

  1 to 5

  6 to 14

  15 to 20

21 to 44

45 to 64

65 to 74

75 to 84

85 and Over

Unknown

All

Field Name: Reporting Period

Description – Indicates the data reported is from claims paid during the month selected.

Format – Month YY - rolling 18-month display

Features – Drop-down menu display

Field Name: Place of Service

Description – Displays the location (place) of service where claims paid with criteria selected in the header menu.

Format – Alphabetic description

Features – Protected – display only

Valid values:

Refer to *Appendix U* for valid values.

Field Name: Allowed Amount

Description – Displays the total dollars allowed for services rendered in the county for claims finalized during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Expenditures

Description – Displays the total dollars paid for services rendered in the county for claims finalized during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Number of Claims

Description – Displays the number of claims with a service location in the selected county finalized for payment during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Unduplicated Recipients

Description – Displays a count of the unique recipients served at the location in the county for claims finalized during the reporting period. This count only includes recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Avg Alwd Per Claim

Description – Displays an average of the dollars allowed per claim for claims finalized for payment during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Avg Exp Per Claim

Description – Displays an average of the dollars paid per claim for claims finalized for payment during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Avg Alwd Per Recipient

Description – Displays an average of the dollars allowed per recipient for the count of unduplicated recipients served for claims finalized for payment during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Avg Exp Per Recipient

Description – Displays an average of the dollars paid per recipient for the count of unduplicated recipients served for claims finalized for payment during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Other Messages

No Matching Records Found

System Information

PBL – MAR02.PBL

Window – W_LOCATION

Menu – M_MAR_OPTIONS

Data Window – DW_LOCATION

System Features

Click **To Date Totals** to display a window titled Category of Service and Location Analysis To Date. All menu selections from the primary window carry forward to this window.

Click **Select** to populate the display fields with data that matches the criteria selected in the header menu.

Click **Exit** from the window to close the window and return to the primary Category of Service and Location Analysis window.

Click **Exit** from the primary window to exit the Category of Service and Location Analysis window and return to any open window or to the Indiana MAR menu bar if no other windows are open. Menu selections do not save when the primary window closes.

Section 24: Category of Service and Location Analysis To Date Window

Introduction

To open the Category of Service and Location Analysis To Date window, click **Misc.** in the main command bar and a drop-down menu appears. Click **Location Analysis** and a slide-out menu appears. Click the selection **To Date Totals** and Category of Service and Location Analysis To Date appears. Access the Category of Service and Location Analysis window from this point.

The following fields are menu options:

• Program Code

• Category of Service

• State Aid Category

• County

• Age Group

• Reporting Period

This window provides analysis of recipients and dollars spent for each category of service in each county for year-to-date time periods.

Figure 24.1 – Category of Service and Location Analysis To Date Window (part 1 of 2)

Figure 24.2 – Category of Service and Location Analysis To Date Window (part 2 of 2)

File	**Edit**
Select	Copy
Exit	
Exit Indiana MAR	
Print	
To Date Totals	

Figure 24.2 – Category of Service and Location Analysis To Date Window
Menu Tree

Figure 24.2 is an illustration of the menu tree for the Category of
Service and Location Analysis To Date window. All menus appear in
single-line boxes. The menu titles in this illustration reflect the overall
menu commands and window options for the Category of Service and
Location Analysis To Date window.

Menu Bar

The menu bar is located below the window title bar and contains the
heading for the list of commands or window options.

The list of available commands or window options is displayed in a
drop-down list box. If a command or window option is faded, the
command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-
down box displays. Drag the mouse and let off the click on the
desired command, or press **Alt** plus the underscored letter of the
selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected
in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Monthly Totals – Displays a window: Category of Service and Location Analysis.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Refer to *Appendix O* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Category of Service

Description – Indicates the State classification assigned to each service billed on a claim. Selections available include high level summary categories, ending in 00, and low level detail categories (sub and sub-sub categories).

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Refer to *Appendix A* for valid values.

Field Name: State Aid Category

Description – Indicates the FSSA specified grouping of the ICES categories of eligibility assigned to each person at the time of enrollment in a medical assistance program. For the CSHCS and 590 Prison programs, select the appropriate program code and select State aid category **Unknown** to display figures for the programs that are not ICES aid category driven.

Format – Alphabetic description

Features – Drop-down menu display

   Valid values:

Refer to *Appendix G* for valid values.

Field Name: County

Description – Indicates the county code and county where a provider renders service to a recipient. Also includes out-of-state classifications.

Format – Alphabetic description

Features – Drop-down menu display

   Valid values:

Refer to *Appendix R* for valid values.

Field Name: Age Group

Description – Indicates the age of the recipient at the time the service was rendered.

Format – Alphabetic description

Features – Drop-down menu display

   Valid values:

   Under 1

   1 to 5

   6 to 14

   15 to 20

21 to 44

45 to 64

65 to 74

75 to 84

85 and Over

Unknown

All

Field Name: Reporting Period

Description – Indicates the data reported is from claims paid during the month selected.

Format – Month YY - rolling 18-month display

Features – Drop-down menu display

Field Name: Year To Date

Description – Displays a selection box with the year-to-date values. Click the desired year-to-date value. Reporting Period is modified to include claims data accumulated from the beginning of the selected year to date value through the month of the reporting period.

Format – Alphabetic description

Features – Selection box

Valid Values:

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Place of Service

Description – Displays the location (place) of service where claims paid with criteria selected in the header menu.

Format – Alphabetic description

Features – Protected – display only

Valid Values:

Refer to *Appendix U* for valid values.

Field Name: Allowed Amount

Description – Displays the total dollars allowed for services rendered in the county for claims finalized during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Expenditures

Description – Displays the total dollars paid for services rendered in the county for claims finalized during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Number of Claims

Description – Displays the number of claims with a service location in the selected county finalized for payment during the reporting period year-to-date value.

Format – 99,999,999

Features – Protected – display only

Field Name: Unduplicated Recipients

Description – Displays a count of the unique recipients served at the location in the county for claims finalized during the reporting period year-to-date value. This count only includes recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Avg Alwd Per Claim

Description – Displays an average of the dollars allowed per claim for the number of claims finalized for payment during the reporting period year-to-date value.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Avg Exp Per Claim

Description – Displays an average of the dollars paid per claim by the number of claims finalized for payment during the reporting period year-to-date value.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Avg Alwd Per Recipient

Description – Displays an average of the dollars allowed per recipient for the count of unduplicated recipients served for claims finalized for payment during the reporting period year-to-date value.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Avg Exp Per Recipient

Description – Displays an average of the dollars paid per recipient for the count of unduplicated recipients served for claims finalized for payment during the reporting period year-to-date value.

Format – $9,999,999,999.99

Features – Protected – display only

Other Messages

No Matching Records Found

System Information

> *PBL* – MAR02.PBL
>
> *Window* – W_LOCATION_TD
>
> *Menu* – M_MAR_OPTIONS
>
> *Data Window* – DW_LOCATION_TD

System Features

Click **Monthly Totals** to display a window titled Category of Service and Location Analysis. All menu selections from the primary window carry forward to this window.

Click **Select** to populate the display fields with data that matches the criteria selected in the header menu.

Click **Exit** from the window to close the window and return to the primary Category of Service and Location Analysis To Date window.

Click **Exit** from the primary window to exit the Category of Service and Location Analysis To Date window and return to any open window or to the Indiana MAR menu bar if no other windows are open. Menu selections do not save when the primary window closes.

Section 25: Waiver Expenditures Window

Introduction

To open the Waiver Expenditures window, click **Misc.** in the main command bar and a drop-down menu appears. Click **Waiver Expenditures** and a slide-out menu appears. Click **Current Month** and Waiver Expenditures appears. Access the Waiver Expenditures To Date window from this point.

The following fields are menu options:

- Waiver Type
- Reporting Period

The Waiver Expenditures window gathers data from paid claims for recipients eligible for services under waiver programs. This window assists in monitoring monthly waiver program expenditures. Data is gathered from all claims paid for recipients eligible for medical assistance services under a waiver program.

Figure 25.1 – Waiver Expenditures Window

File	Edit
Select	Copy
Exit	
Exit Indiana MAR	
Print	
To Date Totals	

Figure 25.2 – Waiver Expenditures Window Menu Tree

Figure 25.2 is an illustration of the menu tree for the Waiver Expenditures window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the Waiver Expenditures window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

To Date Totals – Displays a window Waiver Expenditures To Date.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Waiver Type

Description – Indicates the type of state-specified waiver program for claim processing.

Format – Alphabetic description

Features – Drop-down menu display

Valid values:

Aged and Disabled Waiver

Autism Waiver

ICF/MR Developmentally Disabled Waiver

OBRA Home Care Based Services Waiver (phased into ICF/MR 4/1999)

Medically Fragile Children Waiver

Traumatic Brain Injury Waiver

All

Field Name: Reporting Period

Description – Indicates the data reported is from claims paid during the month selected.

Format – Month YY - rolling 18-month display

Features – Drop-down menu display

Field Name: Services

Description – Displays the services provided for under the waiver program selected.

Format – Alphabetic description

Features – Protected – display only

Field Name: Procedure Code

Description – Displays the HCPC code representing the service displayed in Services field.

Format – Five character alphanumeric

Features – Protected – display only

Field Name: Number Recipients

Description – Displays the count of unduplicated recipients receiving the service under the waiver program. This count only includes recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Number of Units

Description – Displays the number of units of service allowed for claims finalized during the reporting period under the waiver program.

Format – 99,999,999

Features – Protected – display only

Field Name: Monthly Expenditures

Description – Displays the total dollars allowed for the service for claims finalized during the reporting period.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Monthly Allocation

Description – Displays the dollar amount allocated by the FSSA for the service under the selected waiver program. This amount is calculated as a percentage of the waiver yearly allocation, divided by twelve.

Format – $9,999,999,999.99

Features – Protected – display only

Other Messages

No Matching Records Found

System Information

PBL – MAR01.PBL

Window – W_WAIVER

Menu – M_MAR_OPTIONS

Data Window – DW_WAIVER

System Features

Click **To Date Totals** to display a window titled Waiver Expenditures To Date. All menu selections made in the primary window carry forward to this window.

Click **Exit** from the window to return to the Waiver Expenditures window.

Click **Select** to populate the display fields with data that matches the criteria selected in the header menu.

Click **Exit** to exit the Waiver Expenditures window and return to any open window or to the Indiana MAR menu bar if no other windows are open. Menu selections do not save when the primary window closes.

Section 26: Waiver Expenditures To Date Window

Introduction

To open the Waiver Expenditures To Date window, click **Waiver Expenditures** and a slide-out menu appears. Click **To Date Totals** and Waiver Expenditures To Date appears. Access the Waiver Expenditures window from this point.

The following fields are menu options:

• Waiver Type

• Reporting Period

The Waiver Expenditures To Date window displays information gathered from paid claims for services rendered to recipients eligible for services under a waiver program. This window assists in monitoring waiver expenditures for year-to-date time periods. Data is gathered from all claims paid for recipients eligible for medical assistance services under a waiver program

Figure 26.1 – Waiver Expenditures To Date Window

File	Edit
Select	Copy
Exit	
Exit Indiana MAR	
Print	
Monthly Totals	

Figure 26.2 – Waiver Expenditures To Date Window Menu Tree

Figure 26.2 is an illustration of the menu tree for the Waiver Expenditures To Date window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the Waiver Expenditures To Date window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

> *Monthly Totals* – Displays a window titled Waiver Expenditures.

Menu Selection: Edit

> This command modifies data.
>
> *Copy* – Copies text from one area to another without retyping.

Field Information

Field Name: Waiver Type

> *Description* – Indicates the type of state-specified waiver program under which a claim is processed.
>
> *Format* – Alphabetic description
>
> *Features* – Drop-down menu display
>
>> Valid values:
>>
>> Aged and Disabled Waiver
>>
>> Autism Waiver
>>
>> ICF/MR Developmentally Disabled Waiver
>>
>> OBRA Home Care Based Services Waiver
>>
>> Medically Fragile Children Waiver
>>
>> Traumatic Brain Injury Waiver
>>
>> All

Field Name: Reporting Period

> *Description* – Indicates the claims reported paid during the month selected.
>
> *Format* – Month YY rolling 18-month display
>
> *Features* – Drop-down menu display

Field Name: Year To Date

Description – Displays a selection box with the year-to-date values. Click the desired year-to-date value. Reporting period is modified to include claims data accumulated from the beginning of the selected year to date value through the month of the reporting period.

Format – Alphabetic description

Features – Selection box

Valid Values:

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Waiver YTD

Aged and Disabled, July 1 to June 30

Autism, January 1 to December 31

ICF/MR DD, July 1 to June 30

OBRA HCBS, April 1 to March 31 (phased into ICF/MR 4/1999

MFC, July 1 to June 30

Traumatic Brain Injury, January 1 to December 31∗

Field Name: Services

Description – Displays the services provided under the waiver program selected.

Format – Alphabetic description

Features – Protected – display only

∗ This option appears in the software, but is not active at the time of this writing.

Field Name: Procedure Code

Description – Displays the HCPC code representing the service displayed in Services field.

Format – Five-character alphanumeric

Features – Protected – display only

Field Name: First Six Months

Description – Displays the dollars allowed for services rendered for claims finalized during a rolling six months from twelve to seven months prior to the reporting period month.

Format – 99,999,999

Features – Protected – display only

Field Name: Second Six Months

Description – Displays the dollars allowed for services rendered for claims finalized during a rolling six months from six months to one month prior to the reporting period month.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Year To Date

Description – Displays the total dollars allowed for the service for claims finalized during the reporting period year-to-date value.

Format – $9,999,999,999.99

Features – Protected – display only

Field Name: Annual Allocation

Description – Displays the dollar amount allocated by the FSSA for the service under the selected waiver program. This amount is calculated as a percentage of the waiver yearly allocation.

Format – $9,999,999,999.99

Features – Protected – display only

Other Messages

No Matching Records Found

System Information

PBL – MAR01.PBL

Window – W_WAIVER_TD

Menu – M_MAR_OPTIONS

Data Window – DW_WAIVER_TD

System Features

Click **Monthly Totals** to display a window titled Waiver Expenditures. All menu selections made in the primary window carry forward to this window.

Click **Exit** from the window to return to the Waiver Expenditures To Date window.

Click **Select** to populate the display fields with data that matches the criteria selected in the header menu.

Click **Exit** to exit the Waiver Expenditures To Date window and return to any open window or to the Indiana MAR menu bar if no other windows are open. Menu selections do not save when the primary window closes.

Section 27: Budget Analysis Window

Introduction

To open the Budget Analysis window, click **Update** in the main command bar and a drop-down menu appears. Click **Budget Analysis** and the Budget Analysis window appears.

The following fields are menu options:

- Program Code
- Category of Service
- Reporting Period

The Budget Analysis window shows current and historical budget data and adds and updates budget segments by categories of service for the medical assistance programs. Only authorized users have update permissions.

Figure 27.1 – Budget Analysis Window

File	**Edit**
Select	Copy
Exit	
Exit Indiana MAR	
Print	

Figure 27.2 – Budget Analysis Window Menu Tree

Figure 27.2 is an illustration of the menu tree for the Budget Analysis window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the Budget Analysis window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alphabetic description

Features – Drop-down menu display

    Valid values:

Refer to *Appendix O* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Category of Service

Description – Indicates the State classification assigned to each service billed on a claim. Selections available include high level summary categories, ending in 00, and low level detail categories (sub and sub-sub categories).

Format – Alphabetic description

Features – Drop-down menu display

    Valid values:

Refer to *Appendix A* for valid values.

Field Name: Reporting Period

Description – Indicates the data reported is from claims paid during the month selected.

Format – Month YY - rolling 18-month display

Features – Drop-down menu display

Field Name: Program Code

Description – Displays the program code selected in the header menu.

Format – Alphabetic description

Features – Drop-down menu or display only

Field Name: Category of Service

Description – Indicates only the high-level category of service toward which budget amount is directed.

Format – Alphabetic description

Features – Drop down display or display only

Field Name: Budget Period

Description – Indicates the month during which the budget is in effect.

Format – Alphanumeric descriptions

Features – Drop-down menu or display only

Field Name: Budget

Description – Blank field for entry of the dollar amount budgeted for the selected program, category, and period.

Format – Numeric

Features – User input field or display only

Other Messages

Save is Successful.

System Information

PBL – MAR03.PBL

Window – W_BUDG

Menu – M_MAR_OPTIONS

Data Window – DW_BUDG

System Features

Click **New** to set the window fields to drop-down menus or blank fields to accept budget information updates.

Click **Save** to direct the system to accept the new budget information and save the update for cross-referencing use in other windows.

Click **Delete** to direct the system to delete a selected budget update that is no longer valid.

Click the **Select** button to populate the window with data that matches the criteria selected in the header menu.

Click **Exit** from the primary window to exit the Budget Analysis window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 28: Report Period Window

Introduction

To open the Report Period window, click **Update** in the main command bar and a drop-down menu appears. Click **Report Period** and Report Period appears.

Use the Report Period window to add or update selections for the reporting period fields of MAR windows. Typically, add a month to the available selections once the month end system cycles for that month have been completed. Only authorized users have update permissions.

Report Period	From	To	Year	Month	Description

File Edit

New Save Delete Select Exit

Figure 28.1 – Report Period Window

File	**Edit**
Select	Copy
Exit	
Exit Indiana MAR	
Print	

Figure 28.2 – Report Period Window Menu Tree

Figure 28.2 is an illustration of the menu tree for the Report Period window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the Report Period window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Report Period

Description – Indicates the year and month of the reporting period.

Format – YYYYMM

Features – Drop-down menu or display only

Field Name: From

Description – Indicates the first day of the period.

Format – YYYYMMDD

Features – Drop-down menu or display only

Field Name: To

Description – Indicates the last day of the period.

Format – YYYYMMDD

Features – Drop-down menu or display only

Field Name: Year

Description – Indicates the year of the period.

Format – YYYY

Features – Drop-down menu or display only

Field Name: Month

Description – Indicates the month of the period.

Format – MM

> *Features* – Drop-down menu or display only

Field Name: Description

> *Description* – Indicates the period as it appears in drop-down menus in other windows.
>
> *Format* – Month YYYY
>
> *Features* – User input field

Other Messages

> Save is Successful.

System Information

> *PBL* – MAR03.PBL
>
> *Window* – W_RPT_PRD
>
> *Menu* – M_MAR_OPTIONS
>
> *Data Window* – DW_RPT_PRD

System Features

> Click **New** to set the window fields to drop-down menus or blank fields to accept report period entry updates.
>
> Click **Save** to direct the system to accept the new report period information and save the update for cross-referencing use in other windows.
>
> Click **Delete** to direct the system to delete a selected report period update that is no longer valid.
>
> Click **Select** to populate the window with data that matches the criteria selected in the header menu.
>
> Click **Exit** from the primary window to exit the Report Period window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 29: State Category of Service Update Window

Introduction

To open the State Category of Service Update window, click **Update** in the main command bar and a drop-down menu appears. Click **Category of Service** and a slide-out menu appears. Click **Update Codes** and another slide-out menu appears. Click **COS State** and the State Category of Service Update window appears.

Use the State Category of Service Update window to add or update selections for the State Category of Service fields of MAR windows. Only authorized users have update permissions.
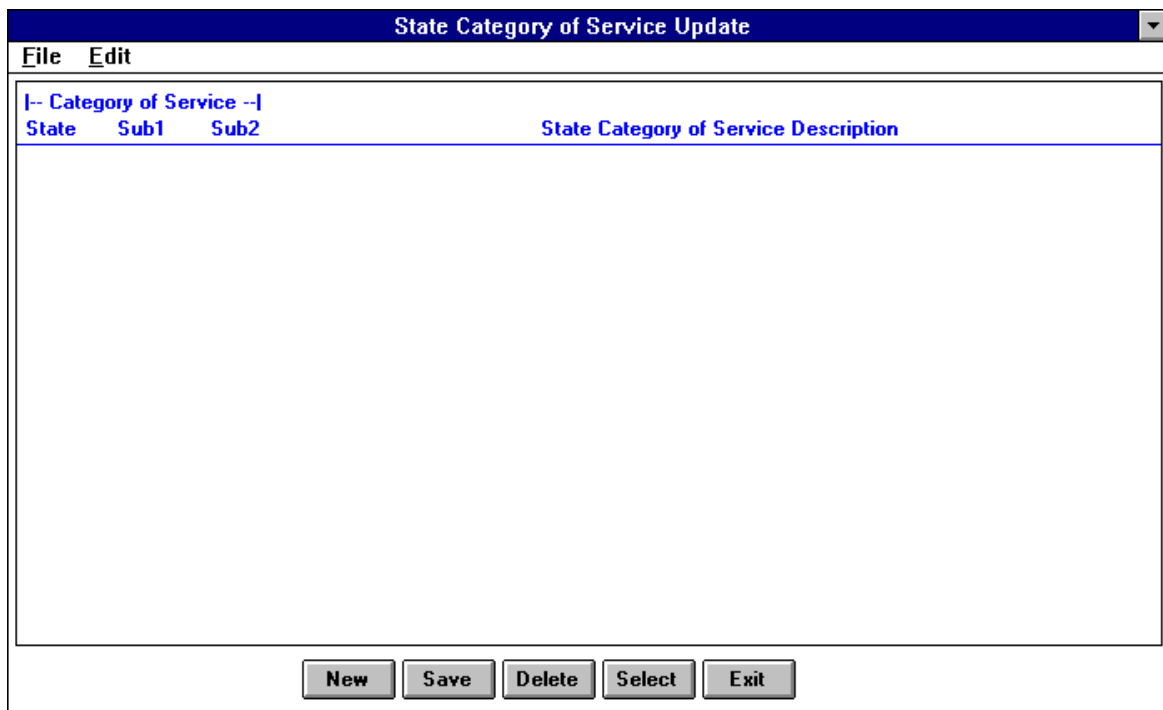
Figure 29.1 – State Category of Service Update Window

File	**Edit**
Select	Copy
Exit	
Exit Indiana MAR	
Print	

Figure 29.2 – State Category of Service Update Window Menu Tree

Figure 29.2 is an illustration of the menu tree for the State Category of Service Update window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the State Category of Service Update window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Category of Service – State

Description – Code indicates the high-level State-defined category of service

Format – Two-digit numeric

Features – Update field or display only

Field Name: Category of Service – Sub1

Description – Code indicates a State-defined subcategory of service

Format – One-digit numeric

Features – Update field or display only

Field Name: Category of Service – Sub2

Description – Code indicates a State-defined sub-subcategory of service

Format – One-digit numeric

Features – Update field or display only

Field Name: State Category of Service Description

Description – Indicates a State-defined description of the accumulation of the codes in Category of Service – State, Sub1 and Sub2. That is, every valid four-digit code made has a state-defined description.

Format – Alphabetic description

Features – Update field or display only

Other Messages

Save is Successful.

System Information

PBL – MAR03.PBL

Window – W_COS_ST_UPDATE

Menu – M_MAR_OPTIONS

Data Window – DW_COS_ST_UPDATE

System Features

Click **New** to set the window fields to drop-down menus or blank fields to accept state category of service input updates.

Click **Save** to direct the system to accept the new state category of service information and save the update for cross-referencing use in other windows.

Click **Delete** to direct the system to delete a selected state category of service update that is no longer valid.

Click **Select** to populate the window with data that matches the criteria selected in the header menu.

Click **Exit** from the primary window to exit the State Category of Service Update window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 30: Federal Category of Service Update Window

Introduction

To open the Federal Category of Service Update window, click **Update** in the main command bar and a drop-down menu appears. Click **Category of Service** and a slide-out menu appears. Click **Update Codes** and another slide-out menu appears. Click **COS Federal** and the Federal Category of Service Update window appears.

Use the Federal Category of Service Update window to add or update selections for the Federal Category of Service fields of MAR windows. Only authorized users have update permissions.

Figure 30.1 – Federal Category of Service Update Window

File	Edit
Select	Copy
Exit	
Exit Indiana MAR	
Print	

Figure 30.2 – Federal Category of Service Update Window Menu Tree

Figure 30.2 is an illustration of the menu tree for the Federal Category of Service Update window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the Federal Category of Service Update window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Federal COS Code

Description – Code indicates a federal category of service.

Format – Two-digit numeric

Features – Update field or display only

Field Name: Federal Category of Service Description

Description – Displays a description of the Federal COS Code.

Format – Alphabetic description

Features – Update field or display only

Other Messages

Save is Successful

System Information

PBL – MAR03.PBL

Window – W_COS_FED_UPDATE

Menu – M_MAR_OPTIONS

Data Window – DW_COS_FED_UPDATE

System Features

Click **New** to set the window fields to drop-down menus or blank fields to accept federal category of service input updates.

Click **Save** to direct the system to accept the new federal category of service information and save the update for cross-referencing use in other windows.

Click **Delete** to direct the system to delete a selected federal category of service update that is no longer valid.

Click **Select** to populate the window with data that matches the criteria selected in the header menu.

Click **Exit** from the primary window to exit the Federal Category of Service Update window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 31: HCFA Category of Service Update Window

Introduction

To open the HCFA Category of Service Update window, click **Update** in the main command bar and a drop-down menu appears. Click **Category of Service** and a slide-out menu appears. Click **Update Codes** and another slide-out menu appears. Click **HCFA COS** and the HCFA Category of Service Update window appears.

Use the HCFA Category of Service Update window to add or update selections for the HCFA Category of Service fields of MAR windows. Only authorized users have update permissions.

Figure 31.1 – HCFA Category of Service Update Window

File	**Edit**
Select	Copy
Exit	
Exit Indiana MAR	
Print	

Figure 31.2 – HCFA Category of Service Update Window Menu Tree

Figure 31.2 is an illustration of the menu tree for the HCFA Category of Service Update window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the HCFA Category of Service Update window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: HCFA COS Code

Description – Code indicates the high-level state-defined category of service

Format – Two-digit numeric

Features – Update field or display only

Field Name: HCFA Category of Service Description

Description – Displays a description of the code in HCFA COS Code.

Format – Alphabetic description

Features – Update field or display only

Other Messages

Save is Successful.

System Information

PBL – MAR03.PBL

Window – W_COS_HCFA_UPDATE

Menu – M_MAR_OPTIONS

Data Window – DW_COS_HCFA_UPDATE

System Features

Click **New** to set the window fields to drop-down menus or blank fields to accept HCFA category of service updates.

Click **Save** to direct the system to accept the new HCFA category of service information and save the update for cross-referencing use in other windows.

Click **Delete** to direct the system to delete a selected HCFA category of service update that is no longer valid.

Click **Select** to populate the window with data that matches the criteria selected in the header menu.

Click **Exit** from the primary window to exit the HCFA Category of Service Update window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 32: Physician Category of Service Selection Window

Introduction

To open the Physician Category of Service Selection window, click **Update** in the main command bar and a drop-down menu appears. Click **Category of Service** and a slide-out menu appears. Click **Update COS Assignment** and another slide-out menu appears. Click **Physician COS Assignment** and the Physician Category of Service Selection window appears automatically populated with all current valid physician category assignments.

Use the Physician Category of Service Selection window to display all options associated with physician category of service assignment. This window is only for display purposes.

Figure 32.1 – Physician Category of Service Selection Window

File	Edit
Select	Copy
Exit	
Exit Indiana MAR	
Print	

Figure 32.2 – Physician Category of Service Selection Menu Tree

Figure 32.2 is an illustration of the menu tree for the Physician Category of Service Selection window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the Physician Category of Service Selection window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: COS ID

Description – Displays a system-generated code designating the general category of service for the purpose of making each assignment record unique.

Format – Numeric code

Features – Display only

Field Name: Assignment Description

Description – Displays a short description of the general category of service.

Format – Alphabetic description

Features – Display only

Field Name: State Category of Service

Description – Displays the high-level State category of service.

Format – Four-digit numeric followed by Alphabetic description

Features – Display only

Field Name: Federal Category of Service

Description – Displays the federal category of service.

Format – Two-digit numeric followed by Alphabetic description

Features – Display only

Field Name: HCFA Category of Service

Description – Displays the HCFA category of service.

Format – Two-digit code followed by alphabetic description

Features – Display only

Other Messages

None

System Information

PBL – MAR03.PBL

Window – W_COS_PHYSICIAN_LIST

Menu – M_MAR_OPTIONS

Data Window – DW_COS_PHYSICIAN_LIST

System Features

Click **New** to set the window fields to drop-down menus or blank fields to accept new category of service selections. Click **New** to automatically open the Physician Category of Service Assignment window with all fields blank, or populated by default values.

Click **Select** will open the Physician Category of Service Assignment window populated by the information pertaining to the highlighted selection in the window.

Click **Exit** from the primary window to exit the Physician Category of Service Selection window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 33: Physician Category of Service Assignment

Introduction

To open the Physician Category of Service Assignment window, click **Update** in the main command bar and a drop-down menu appears. Click **Category of Service** and a slide-out menu appears. Click **Update COS Assignment** and another slide-out menu appears. Click **Physician COS Assignment** and the Physician Category of Service Selection window appears automatically populated with all current valid physician category assignments. Double click any of the data rows and the **Physician Category of Service Assignment** window appears with all data pertaining to the selection populating the fields. From this point, the system allows updates to existing criteria, or addition of a new category of service. To add a new category of service, click **New** and a blank Physician Category of Service Assignment window appears to accept a new category of service assignment.

Use the Physician Category of Service Assignment window to add or update selections for all Category of Service fields of MAR windows. Any change or addition to this window will affect, from the current reporting period forward, the MAR summary process. Only authorized users have update permissions.

Figure 33.1 – Physician Category of Service Assignment Window

File	**Edit**
Select	Copy
Exit	
Exit Indiana MAR	
Print	

Figure 33.2 – Physician Category of Service Assignment Window Menu Tree

Figure 33.2 is an illustration of the menu tree for the Physician Category of Service Assignment window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the Physician Category of Service Assignment window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: COS ID

Description – Displays the code associated with a general category of service generated by the system for the purpose of making each assignment record unique.

Format – Numeric

Features – Display only or input update field

Field Name: Assignment Description

Description – Displays a short description of the general category of service.

Format – Alphabetic description

Features – Display or input update field

Field Name: State Category of Service

Description – Displays the current listing of state categories of service.

Format – Numeric code plus alphabetic description

Features – Drop-down menu selection

   Valid values:

Refer to *Appendix A* for valid values.

Field Name: Federal Category of Service

Description – Displays the current listing of federal categories of service.

Format – Numeric code plus alphabetic description

Features – Drop-down menu selection

Valid values:

Refer to *Appendix B* for valid values.

Field Name: HCFA Category of Service

Description – Displays the current HCFA 64 and 37 categories of service.

Format – Numeric code plus alphabetic description

Features – Drop-down menu selection

Valid values:

Refer to *Appendix C* for valid values.

Field Name: Procedure Type

Description – Displays a listing of the generalized groupings of procedures performed by the type of service the procedures represent.

Format – Numeric code plus alphabetic description

Features – Drop-down menu selection

Valid values:

1 Tran Mileage

2 Tran Over 99

3 Tran Related Services

4 Tran Mileage All

5 Transportation Ambulance

6 Transportation Base Rate

7 Transportation Multi Pass

8 Transportation Delete

9 Transportation Waiting

10 Transportation Deduct

11 Transportation Copay

12 Tran Requiring PA

13 Endoscopy

14 Lab Collection Fees

15 Medical Supply Services

16 Durable Medical Equipment

17 Prosthetic/Orthotic Serv

18 Lab

19 X-ray

20 Transportation Emer. Amb.

21 Transport. Non-emer. Amb.

22 Transportation Other Amb.

23 Transport. Wheelchair Van

24 Transportation Taxi

25 Transport. Com. Amb.

26 Transport. Family Member

27 Transportation Other

28 Therapy Physical

29 Therapy Speech

30 Therapy Occupational

31 Therapy Respiratory

32 Therapy Audiology

33 Eye Care Exams

34 Eyewear Eyeglasses

35 Eyewear Contacts

36 Dialysis

37 Rendering Therapist

38 Waiver Level I

39 Waiver Level II

40 Nurse Practitioner

41 Midwives

42 High Risk Pregnancy

43 Waiver Type

44 EPSDT Screen after 9/95

45 EPSDT Screen till 9/95

46 Anesthesia

Field Name: Include/Exclude Procedure

Description – Displays a directive to the summary process to include or exclude the procedure type from the category of service definition.

Format – Alphabetic description

Features – Drop-down menu selection

Valid values:

Include Procedure Type

Exclude Procedure Type

Field Name: Waiver Indicator

Description – Displays a directive to the summary process to include or exclude the procedure type from the category of service definition.

Format – Alphabetic description

Features – Drop-down menu selection

Valid values:

No

Yes

Field Name: Emergency Indicator

Description – Displays a directive to the summary process to include or exclude the procedure type from the category of service definition.

Format – Alphabetic description

Features – Drop-down menu selection

Valid values:

No

Yes

Field Name: Restriction

Description – Displays a directive to the summary process to restrict the assignment by definition of provider type, specialty or procedure type.

Format – Alphabetic description

Features – Drop-down menu selection

Valid values:

Provider Type/Specialty and Procedure Type

Procedure Type only

Provider Type/Specialty only

Other Messages

No Changes Keyed.

(Field Name) is Required.

Database Error.

Save is Successful.

System Information

PBL – MAR03.PBL

Window – W_COS_PHYSICIAN_MAINT

Menu – M_MAR_OPTIONS

Data Window – DW_COS_PHYSICIAN_MAINT

System Features

Click **Prov Type/Spec Restriction** to open the Provider
Type/Specialty Restriction window with the current information
pertaining to the COS ID selected in the Physician Category of Service
Selection window, or a blank restriction window if **New** had been
selected.

Click **New** to set the window fields to drop-down menus or blank
fields to accept input updates. If the button is clicked from the Select
window, a valid assignment opens. If **New** is clicked again, this
window accepts a completely new assignment record. When the valid
selection is blanked out, it is not affected in the system. The **New**
button is disabled in this window if **New** is selected from the previous
Select window.

Click **Save** to direct the system to accept the new category of service
assignment information and save the update for cross-referencing use
in other windows.

Click **Delete** to direct the system to delete the current category of
service updates that appear in the window. Clicking **Delete** from this
window only deletes the information displayed from the assignment
record, not the entire record.

Click **Exit** from the primary window to exit the Physician Category of
Service Assignment window and return to any open window or to the
Indiana MAR menu bar if no other windows are open.

Section 34: Pharmacy Category of Service Selection Window

Introduction

To open the Pharmacy Category of Service Select window, click **Update** in the main command bar and a drop-down menu appears. Click **Category of Service** and a slide-out menu appears. Click **Update COS Assignment** and another slide-out menu appears. Click **Pharmacy COS Assignment** and the Pharmacy Category of Service Selection window appears automatically populated with all current valid pharmacy category assignments.

Use the Pharmacy Category of Service Selection window to display all options associated with pharmacy categories of service assignment. This window is for display purposes only.
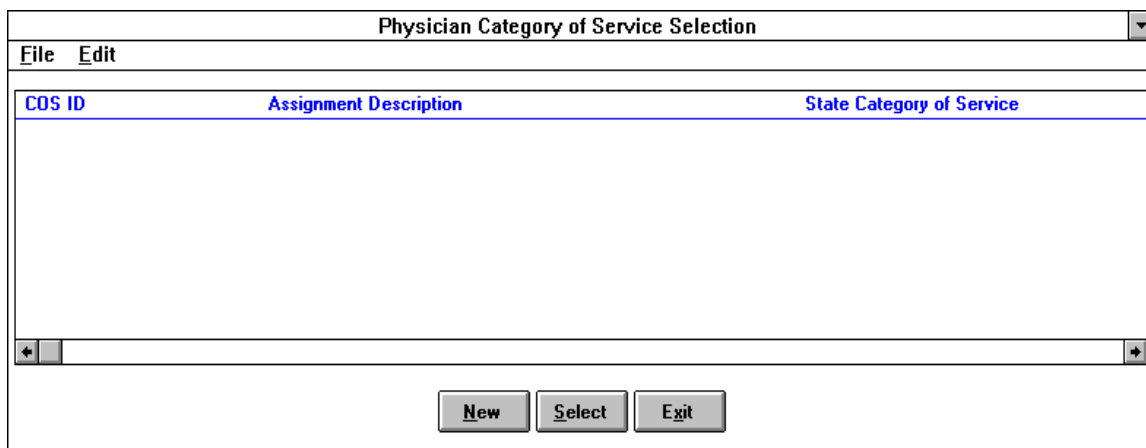

Figure 34.1 – Pharmacy Category of Service Selection Window (part 1 of 2)
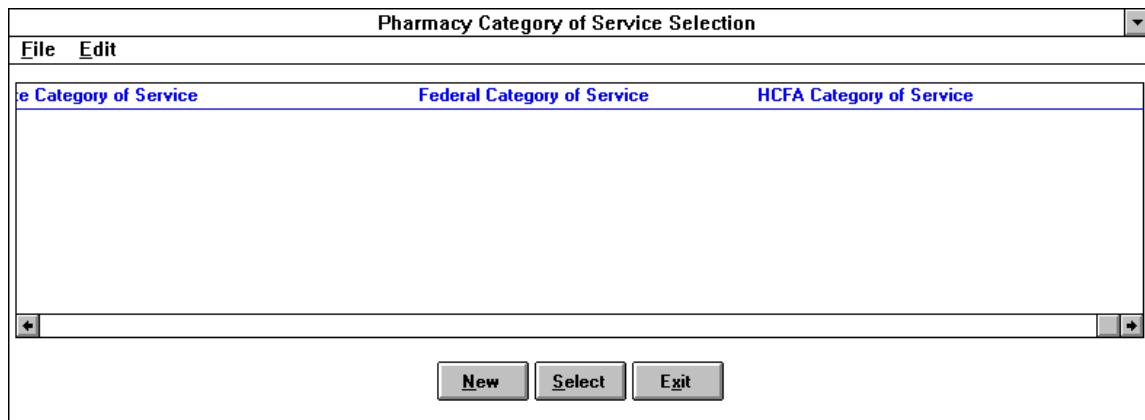
Figure 34.2 – Pharmacy Category of Service Selection Window (part 2 of 2)

File	Edit
Select	Copy
Exit	
Exit Indiana MAR	
Print	

Figure 34.3 – Pharmacy Category of Service Selection Window Menu Tree

Figure 34.3 is an illustration of the menu tree for the Physician Category of Service Selection window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the Physician Category of Service Selection window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: COS ID

Description – Displays a system-generated code indicating the general category of service for the purpose of making each assignment record unique.

Format – Numeric code

Features – Display only

Field Name: Assignment Description

Description – Displays a short description of the general category of service.

Format – Alphabetic description

Features – Display only

Field Name: State Category of Service

Description – Displays the State high-level category of service association.

Format – Four-digit numeric followed by alphabetic description

Features – Display only

Field Name: Federal Category of Service

Description – Displays the federal category of service association.

Format – Two-digit numeric followed by alphabetic description

Features – Display only

Field Name: HCFA Category of Service

Description – Displays the HCFA category of service association

Format – Two-digit code followed by alphabetic description

Features – Display only

Other Messages

None

System Information

PBL – MAR03.PBL

Window – W_COS_PHARMACY_LIST

Menu – M_MAR_OPTIONS

Data Window – DW_COS_PHARMACY_LIST

System Features

Click **New** to set the window fields to drop-down menus or blank fields to accept new category of service selections. Click **New** to automatically open the Pharmacy Category of Service Assignment window with all fields blank, or populated by default values.

Click **Select** to open the Pharmacy Category of Service Assignment window populated by the information pertaining to the highlighted selection in this window.

Click **Exit** from the primary window to exit the Physician Category of Service Selection window and return to any open window or to the Indiana MAR menu bar if no other windows are open.
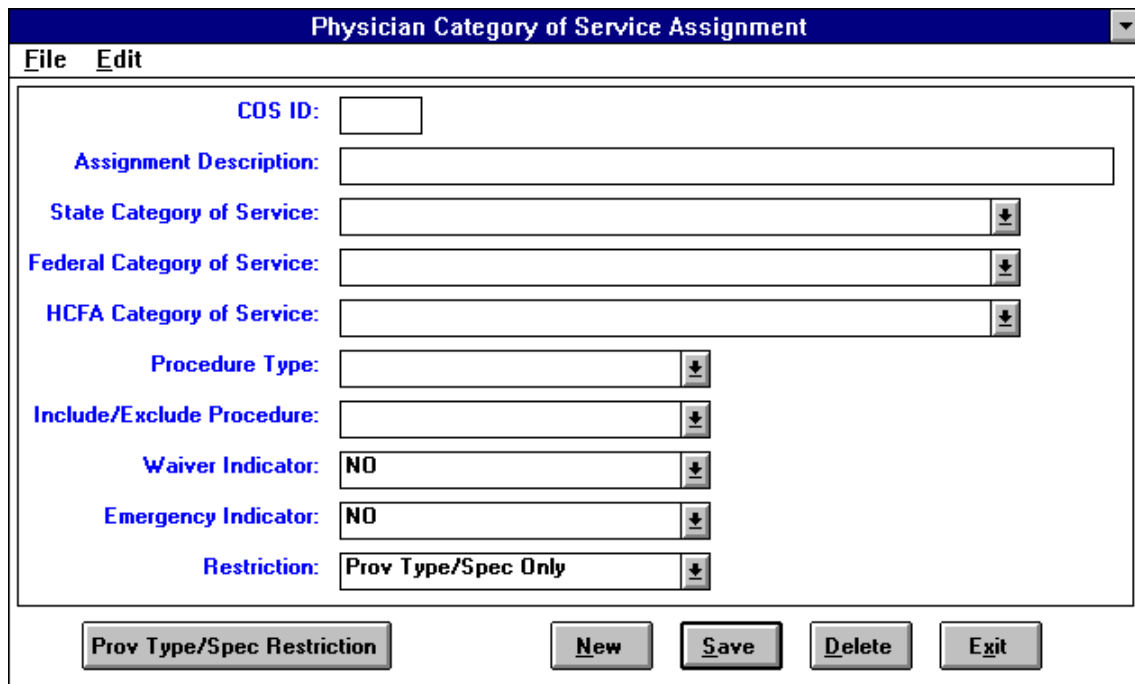
Section 35: Pharmacy Category of Service Assignment Window

Introduction

To open the Pharmacy Category of Service Assignment window, click **Update** in the main command bar and a drop-down menu appears. Click **Category of Service** and a slide-out menu appears. Click **Update COS Assignment** and another slide-out menu appears. Click **Pharmacy COS Assignment** and the Pharmacy Category of Service Selection window appears automatically populated with all current valid physician category assignments. Double click any of the data rows and the **Pharmacy Category of Service Assignment** window appears, with all data pertaining to the selection populating the fields. From this point, the system allows updates to existing criteria, or clicking **New** will casuse blank Pharmacy Category of Service Assignment window to appear to accept a new category of service assignment.

Use the Pharmacy Category of Service Assignment window to add or update selections for all Category of Service fields of MAR windows. Any change or addition to this window will affect, from the current reporting period forward, the MAR summary process. Only authorized users have update permissions.

Figure 35.1 – Pharmacy Category of Service Assignment Window

File	Edit
Select	Copy
Exit	
Exit Indiana MAR	
Print	

Figure 35.2 – Pharmacy Category of Service Assignment Menu Tree

Figure 35.2 is an illustration of the menu tree for the Pharmacy Category of Service Assignment window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the Pharmacy Category of Service Assignment window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: COS ID

Description – Displays the code associated with a general category of service system generated for the purpose of making each assignment record unique.

Format – Numeric

Features – Display only or input update field

Field Name: Assignment Description

Description – Displays a short description of the general category of service.

Format – Alphabetic description

Features – Display or input update field

Field Name: State Category of Service

Description – Displays the current listing of state categories of service.

Format – Numeric code plus alphabetic description

Features – Drop-down menu selection

   Valid values:

Refer to *Appendix A* for valid values.

Field Name: Federal Category of Service

Description – Displays the current listing of federal categories of service.

Format – Numeric code plus alphabetic description

Features – Drop-down menu selection

Valid values:

Refer to *Appendix B* for valid values.

Field Name: HCFA Category of Service

Description – Displays the current HCFA 64 and 37 categories of service.

Format – Numeric code plus alphabetic description

Features – Drop-down menu selection

Valid values:

Refer to *Appendix C* for valid values.

Field Name: Drug Class

Description – Displays the classification of drugs according to whether a drug is prescription (legend), non-prescription (non-legend), or **All** if the COS includes both classes.

Format – Alphabetic description

Features – Drop-down menu selection

Valid values:

All

Legend

Non-legend

Field Name: Restriction

Description – Displays a directive to the summary process to restrict the assignment by definition of provider type, specialty or procedure type.

Format – Alphabetic description

Features – Drop-down menu selection

Valid values:

Both Drug and Provider Type/Specialty

Drug only

Provider Type/Specialty only

Other Messages

No Changes Keyed.

(Field Name) is Required.

Database Error.

Save is Successful.

System Information

PBL – MAR03.PBL

Window – W_COS_PHARMACY_MAINT

Menu – M_MAR_OPTIONS

Data Window – DW_COS_PHARMACY_MAINT

System Features

Click **Drug Restriction** to open the Drug Restriction window with the current information pertaining to the COS ID selected in the Pharmacy Category of Service Selection window, or a blank restriction window if **New** is selected.

Click **Prov Type/Spec Restriction** to open the Provider Type/Specialty Restriction window with the current information pertaining to the COS ID selected in the Pharmacy Category of Service Selection window, or a blank restriction window if **New** had been selected.

Click **New** to set the window fields to drop-down menus or blank fields to accept input updates. If **New** is clicked from the Select window, a valid assignment opens. If the **New** button is clicked again, this window is set up to accept a completely new assignment record. When the valid selection is blanked out, it is not affected in the system. The **New** button will be disabled in this window if **New** is selected from the previous Select window.

Click **Save** to direct the system to accept the new category of service assignment information and save the update for cross-referencing use in other windows.

Click **Delete** to direct the system to delete the current category of service updates that appear in the window. Clicking **Delete** from this window only deletes the information displayed from the assignment record, not the entire record.

Click **Exit** from the primary window to exit the Pharmacy Category of Service Assignment window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 36: UB92 Category of Service Selection Window

Introduction

To open the UB-92 Category of Service Selection window, click **Update** in the main command bar and a drop-down menu appears. Click **Category of Service** and a slide-out menu appears. Click **Update COS Assignment** and another slide-out menu appears. Click **UB-92 COS Assignment** and the UB-92 Category of Service Selection window appears automatically populated with all current valid institutional category assignments.

Use the UB-92 Category of Service Selection window to display all options associated with institutional categories of service assignment. This window is for display purposes only.

Figure 36.1 – UB92 Category of Service Selection Window (part 1 of 2)

Figure 36.1 – UB92 Category of Service Selection Window (part 2 of 2)

File	Edit
Select	Copy
Exit	
Exit Indiana MAR	
Print	

Figure 36.2 – UB-92 Category of Service Selection Window Menu Tree

Figure 36.2 is an illustration of the menu tree for the UB-92 Category of Service Selection window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the UB-92 Category of Service Selection window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: COS ID

Description – Displays a system-generated code designating the general category of service for the purposes of making an assignment record unique.

Format – Numeric code

Features – Display only

Field Name: Assignment Description

Description – Displays a short description of the general category of service.

Format – Alphabetic description

Features – Display only

Field Name: State Category of Service

Description – Displays the State high-level category of service association.

Format – Four digit numeric followed by alphabetic description

Features – Display only

Field Name: Federal Category of Service

Description – Displays the federal category of service association.

Format – Two-digit numeric followed by alphabetic description

Features – Display only

Field Name: HCFA Category of Service

Description – Displays the HCFA category of service association

Format – Two-digit code followed by alphabetic description

Features – Display only

Other Messages

None

System Information

PBL – MAR03.PBL

Window – W_COS_UB-92_LIST

Menu – M_MAR_OPTIONS

Data Window – DW_COS_UB-92_LIST

System Features

Click **New** to set the window fields to drop-down menus or blank fields to accept new category of service selections. Click **New** to automatically open the UB-92 Category of Service Assignment window with all fields blank or populated by default values.

Click **Select** to open the UB-92 Category of Service Assignment window populated by the information pertaining to the highlighted selection in this window.

Click **Exit** from the primary window to exit the UB-92 Category of Service Selection window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 37: UB92 Category of Service Assignment Window

Introduction

To open the UB-92 Category of Service Assignment window, click **Update** in the main command bar and a drop-down menu appears. Click **Category of Service** and a slide-out menu appears. Click **Update COS Assignment** and another slide-out menu appears. Click **UB-92 COS Assignment** and the UB-92 Category of Service Selection window appears automatically populated with all current valid institutional category assignments. Double click any of the data rows and the UB-92 Category of Service Assignment window appears with all data pertaining to the selection populating the fields. From this point, the system allows updates to existing criteria, or click **New** and a blank UB-92 Category of Service Assignment window appears to accept a new category of service assignment.

Use the UB-92 Category of Service Assignment window to add or update selections for all Category of Service fields of MAR windows. Any change or addition to this window affects, from the current reporting period forward, the MAR summary process. Only authorized users have update permissions.

Figure 37.1 – UB92 Category of Service Assignment Window

File	Edit
Select	Copy
Exit	
Exit Indiana MAR	
Print	

Figure 37.2 – UB-92 Category of Service Assignment Window Menu Tree

Figure 37.2 is an illustration of the menu tree for the UB-92 Category of Service Assignment window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the UB-92 Category of Service Assignment window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: COS ID

Description – Displays the code associated with a general category of service system generated for the purpose of making each assignment record unique.

Format – Numeric

Features – Display only or input update field

Field Name: Assignment Description

Description – Displays a short description of the general category of service.

Format – Alphabetic description

Features – Display or input update field

Field Name: State Category of Service

Description – Displays the current listing of State categories of service.

Format – Numeric code plus alphabetic description

Features – Drop-down menu selection

    Valid values:

Refer to *Appendix A* for valid values.

Field Name: Federal Category of Service

Description – Displays the current listing of federal categories of service.

Format – Numeric code plus alphabetic description

Features – Drop-down menu selection

Valid values:

Refer to *Appendix B* for valid values.

Field Name: HCFA Category of Service

Description – Displays the current HCFA 64 and 37 categories of service.

Format – Numeric code plus alphabetic description

Features – Drop-down menu selection

Valid values:

Refer to *Appendix C* for valid values.

Field Name: Age Beginning

Description – Displays the lowest age at which the service assignment is valid.

Format – Numeric

Features – User entered numeric or display

Field Name: Age Ending

Description – Displays the highest age at which the service assignment is valid.

Format – Numeric

Features – User entered numeric or display

Field Name: Revenue Type

Description – Displays the general classification of services designated by revenue codes.

Format – Numeric code plus alphabetic description

Features – Drop-down menu selection

Valid values:

1 Emergency Room

2 Surgery

3 Treatment Room

4 Stand Alone

5 Osteopath

6 Professional Fee

7 Transportation

8 Inpatient

9 Take Home Drugs

10 Recovery Room

11 Laboratory

12 Radiology

13 Add On

14 Emergency Needed

15 Inc in Treat Room

16 Ancillary

17 Accommodation

18 Coronary Care

19 Non Coronary Care

20 Blood

21 Inpatient Ancillary

22 Inpatient Accommodation

23 Hospital Leave

24 Nurse Hm Ancillary Subset

25 Old Home Health Ancillary

Field Name: Procedure Type

Description – Displays a listing of the generalized groupings of procedures performed by the type of service the procedures represent.

Format – Numeric code plus alphabetic description

Features – Drop-down menu selection

Valid values:

1 Tran Mileage

2 Tran Over 99

3 Tran Related Services

4 Tran Mileage All

5 Transportation Ambulance

6 Transportation Base Rate

7 Transportation Multi Pass

8 Transportation Delete

9 Transportation Waiting

10 Transportation Deduct

11 Transportation Copay

12 Tran Requiring PA

13 Endoscopy

14 Lab Collection Fees

15 Medical Supply Services

16 Durable Medical Equipment

17 Prosthetic/Orthotic Serv

18 Lab

19 X-ray

20 Transportation Emer. Amb.

21 Transport. Non-emer. Amb.

22 Transportation Other Amb.

23 Transport. Wheelchair Van

24 Transportation Taxi

25 Transport. Com. Amb.

26 Transport. Family Member

27 Transportation Other

28 Therapy Physical

29 Therapy Speech

30 Therapy Occupational

31 Therapy Respiratory

32 Therapy Audiology

33 Eye Care Exams

34 Eyewear Eyeglasses

35 Eyewear Contacts

36 Dialysis

37 Rendering Therapist

38 Waiver Level I

39 Waiver Level II

40 Nurse Practitioner

41 Midwives

42 High Risk Pregnancy

43 Waiver Type

44 EPSDT Screen after 9/95

45 EPSDT Screen till 9/95

46 Anesthesia

Field Name: Diagnosis Type

Description – Displays a grouping of diagnosis used to identify restriction of a category of service.

Format – Numeric code followed by alphabetic description

Features – Drop-down menu selection

Valid values:

Outpatient Services Emergency

No diagnosis restrictions

Field Name: Restriction

Description – Displays a directive to the summary process to restrict the assignment by definition of provider type, specialty or procedure type.

Format – Alphabetic description

Features – Drop-down menu selection

Valid values:

Revenue Type

Provider ID

No Additional Restrictions

Other Messages

No Changes Keyed.

(Field Name) is Required.

Database Error.

Save is Successful.

System Information

PBL – MAR03.PBL

Window – W_COS_UB-92_MAINT

Menu – M_MAR_OPTIONS

Data Window – DW_COS_UB-92_MAINT

System Features

Click **Bill Type Restriction** to open the Bill Type Restriction window with the current information pertaining to the COS ID selected in the UB-92 Category of Service Selection window or a blank restriction window if **New** is selected. This information is required to complete any UB-92 category of service assignment records.

Click **Claim Type Restriction** to open the Claim Type Restriction window with the current information pertaining to the COS ID selected in the UB-92 Category of Service Selection window or a blank restriction window if **New** is selected. This information is required to complete any UB-92 category of service assignment records.

Click **Provider Restriction** to open the Provider Restriction window with the current information pertaining to the COS ID selected in the UB-92 Category of Service Selection window or a blank restriction window if **New** is selected.

Click the **Prov Type/Spec Restriction** button to open the Provider Type/Specialty Restriction window with the current information pertaining to the COS ID selected in the UB-92 Category of Service Selection window or a blank restriction window if **New** was selected. This information is required to complete any UB-92 category of service assignment records.

Click **New** to set the window fields to drop-down menus or blank fields to accept input updates. If **New** is clicked from the Selection window, a valid assignment opens. If the **New** button is clicked again, this window is set up to accept a completely new assignment record. When the valid selection is blanked out, it is not affected in the system. The **New** button will be disabled in this window if **New** is selected in the previous Selection window.

Click **Save** to direct the system to accept the new category of service assignment information and save the update for cross-referencing use in other windows.

Click **Delete** to direct the system to delete the current category of service updates that appear in the window. Clicking **Delete** from this

window only deletes the information displayed from the assignment record, not the entire record.

Click **Exit** from the primary window to exit the UB-92 Category of Service Assignment window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 38: Prov Type/Spec Restriction Window

Introduction

The Provider Type/Specialty Restriction window can only be opened from any of the three **Category of Service Assignment** windows. To open the Provider Type/Specialty Restriction window, open an Assignment window as outlined above. Click **Prov Type/Specialty Restriction** button. The Provider Type/Specialty window appears.

Use the Provider Type/Specialty Restriction window to restrict a category of service assignment to certain provider types or specialties. This restriction information is required to complete any UB-92 category of service assignment record.

Figure 38.1 – Prov Type/Spec Restriction Window

File	**Edit**
Select	Copy
Exit	
Exit Indiana MAR	
Print	

Figure 38.2 – Prov Type/Spec Restriction Window Menu Tree

Figure 38.2 is an illustration of the menu tree for the Provider Type/Specialty Restriction window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the Provider Type/Specialty Restriction window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: COS ID

Description – Displays the code associated with a general category of service generated by the system for the purpose of making each assignment record unique.

Format – Numeric

Features – Display only or input update field

Field Name: Assignment Description

Description – Displays a short description of the general category of service.

Format – Alphabetic description

Features – Display or input update field

Field Name: Provider Type

Description – Displays the current listing of available provider types.

Format – Numeric code plus alphabetic description

Features – Drop-down menu selection

Valid values:

Refer to *Appendix M* for valid values.

Field Name: Provider Specialty

Description – Displays the current listing of available provider specialties.

Format – Numeric code plus alphabetic description

Features – Drop-down menu selection

Valid values:

Refer to *Appendix N* for valid values.

Other Messages

No Changes Keyed.

(Field Name) is Required.

Database Error.

Save is Successful.

System Information

PBL – MAR03.PBL

Window – W_COS_TYPSPEC_UPDATE

Menu – M_MAR_OPTIONS

Data Window – DW_COS_TYPSPEC_UPDATE

System Features

Click **New** to set the window fields to drop-down menus or blank fields to accept input updates. If **New** is clicked from the Selection window, a valid assignment opens. If **New** is clicked again, this window is set up to accept a completely new assignment record. When the valid selection is blanked out, it is not affected in the system. The **New** button will be disabled in this window if **New** is selected in the previous Selection window.

Click **Save** to direct the system to accept the new category of service assignment restriction information and save the update for cross-referencing use in other windows.

Click **Delete** to direct the system to delete the current category of service updates that appear in the window. Clicking **Delete** from this window only deletes the information displayed from the assignment record not the entire record.

Click **Select** to open the Provider Type/Specialty Restriction window populated by the information pertaining to the selection brought forward from the Assignment window.

Click **Exit** from the primary window to exit the Provider Type/Specialty Restriction window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 39: Drug Restriction Window

Introduction

The Drug Restriction window can only be opened from any of the three **Category of Service Assignment** windows. To open the Drug Restriction window, open an Assignment window as outlined above and click **Drug Restriction** and the Drug window appears.

Use the Drug Restriction window to restrict a category of service assignment to certain NDCs.

Figure 39.1 – Drug Restriction Window

File	**Edit**
Select	Copy
Exit	
Exit Indiana MAR	
Print	

Figure 39.2 – Drug Restriction Window Menu Tree

Figure 39.2 is an illustration of the menu tree for the Drug Restriction window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the Drug Restriction window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: COS ID

Description – Displays the code associated with a general category of service system generated for the purpose of making each assignment record unique.

Format – Numeric

Features – Display only or input update field

Field Name: Assignment Description

Description – Displays a short description of the general category of service.

Format – Alphabetic description

Features – Display or input update field

Field Name: NDC Code

Description – Displays the current listing of NDC restrictions associated with the displayed COS ID.

Format – Numeric code plus alphabetic description

Features – Display or user entered update

Field Name: Provider Specialty

Description – Displays the current description of the NDC code in NDC Code field. If the NDC keyed in is valid, the description displays.

Format – Numeric code plus alphabetic description

Features – Display only

Other Messages

No Changes Keyed.

(Field Name) is Required.

Database Error.

Save is Successful.

System Information

PBL – MAR03.PBL

Window – W_COS_DRUG_RESTRICT

Menu – M_MAR_OPTIONS

Data Window – DW_COS_DRUG_RESTRICT

System Features

Click **New** to set the window fields to drop-down menus or blank fields to accept input updates. If **New** is clicked from the Selection window, a valid assignment opens. If **New** is clicked again, this window is set up to accept a completely new assignment record. When the valid selection is blanked out, it is not affected in the system. The **New** button will be disabled in this window if **New** is selected in the previous Selection window.

Click **Save** to direct the system to accept the new category of service assignment restriction information and save the update for cross-referencing use in other windows.

Click **Delete** to direct the system to delete the current category of service updates that appear in the window. Clicking **Delete** from this window only deletes the information displayed from the assignment record, not the entire record.

Click **Select** will open the Drug Restriction window populated by the information pertaining to the selection brought forward from the Assignment window.

Click **Exit** from the primary window to exit the Drug Restriction window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 40: Claim Type Restriction Window

Introduction

The Claim Type Restriction window can only be opened from any of the three **Category of Service Assignment** windows. To open the Claim Type Restriction window, open an Assignment window as outlined above and click **Prov Type/Specialty Restriction** and the Claim Type window appears.

Use the Claim Type Restriction window to restrict a category of service assignment by certain claim types. This restriction information is required to complete any UB-92 category of service assignment record.

Figure 40.1 – Claim Type Restriction Window

File	Edit
Select	Copy
Exit	
Exit Indiana MAR	
Print	

Figure 40.2 – Claim Type Restriction Window Menu Tree

Figure 40.2 is an illustration of the menu tree for the Claim Type Restriction window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the Claim Type Restriction window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: COS ID

Description – Displays the code associated with a general category of service system generated for the purpose of making each assignment record unique.

Format – Numeric

Features – Display only or input update field

Field Name: Assignment Description

Description – Displays a short description of the general category of service.

Format – Alphabetic description

Features – Display or input update field

Field Name: Claim Type

Description – Displays the current listing of available claim types.

Format – Alphabetic code plus alphabetic description

Features – Drop-down menu selection

Valid values:

Refer to *Appendix P* for valid values.

Other Messages

No Changes Keyed.

(Field Name) is Required.

Database Error.

Save is Successful.

System Information

PBL – MAR03.PBL

Window – W_COS_CLMTYP_RESTRICT

Menu – M_MAR_OPTIONS

Data Window – DW_COS_CLMTYP_RESTRICT

System Features

Click **New** to set the window fields to drop-down menus or blank fields to accept input updates. If **New** is clicked from the Selection window, a valid assignment opens. If **New** is clicked again, this window is set up to accept a completely new assignment record. When the valid selection is blanked out, it is not affected in the system. The **New** button is disabled in this window if **New** is selected in the previous Selection window.

Click **Save** to direct the system to accept the new category of service assignment restriction information and save the update for cross-referencing use in other windows.

Click **Delete** to direct the system to delete the current category of service updates that appear in the window. Clicking **Delete** from this window deletes only the information displayed from the assignment record not the entire record.

Click **Select** will open the Claim Type Restriction window populated by the information pertaining to the selection brought forward from the Assignment window.

Click **Exit** from the primary window to exit the Claim Type Restriction window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 41: Provider Restriction Window

Introduction

The Provider Restriction window can only be opened from any of the three **Category of Service Assignment** windows. To open the Provider Restriction window, open an Assignment window as outlined above. Click **Prov Type/Specialty Restriction** and the Provider window appears.

Use the Provider Restriction window to restrict a category of service assignment to certain providers.

Figure 41.1 – Provider Restriction Window

File	**Edit**
Select	Copy
Exit	
Exit Indiana MAR	
Print	

Figure 41.2 – Provider Restriction Window Menu Tree

Figure 41.2 is an illustration of the menu tree for the Provider Restriction window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the Provider Restriction window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: COS ID

Description – Displays the code associated with a general category of service system generated for the purpose of making each assignment record unique.

Format – Numeric

Features – Display only or input update field

Field Name: Assignment Description

Description – Displays a short description of the general category of service.

Format – Alphabetic description

Features – Display or input update field

Field Name: Provider ID

Description – Displays the current associated restrictions of provider IDs for the current COS ID selection, or allows entry of a new ID code designating a valid provider.

Format – Nine-digit numeric

Features – Display or user entered update

Field Name: Provider Name

Description – Displays the name of the provider ID displayed in Provider ID field. Enter a valid ID and the name displays.

Format – Numeric code plus alphabetic description

Features – Drop-down menu selection

Valid values:

Refer to *Appendix N* for valid values.

Other Messages

No Changes Keyed.

(Field Name) is Required.

Database Error.

Save is Successful.

System Information

PBL – MAR03.PBL

Window – W_COS_PROVIDER_RESTRICT

Menu – M_MAR_OPTIONS

Data Window – DW_COS_PROVIDER_RESTRICT

System Features

Click **New** to set the window fields to drop-down menus or blank fields to accept input updates. If **New** is clicked from the Selection window, a valid assignment opens. If **New** is clicked again, this window is set up to accept a completely new assignment record. When the valid selection is blanked out, it is not affected in the system. The **New** button is disabled in this window if **New** is selected in the previous Selection window.

Click **Save** to direct the system to accept the new category of service assignment restriction information and save the update for cross-referencing use in other windows.

Click **Delete** to direct the system to delete the current category of service updates that appear in the window. Clicking **Delete** from this window only deletes the information displayed from the assignment record, not the entire record.

Click **Select** to open the Provider Restriction window populated by the information pertaining to the selection brought forward from the Assignment window.

Click **Exit** from the primary window to exit the Provider Restriction window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 42: Bill Type Restriction Window

Introduction

The Bill Type Restriction window can only be opened from any of the three **Category of Service Assignment** windows. To open the Bill Type Restriction window, open an Assignment window as outlined above and click **Prov Type/Specialty Restriction** and the Bill Type window appears.

Use the Bill Type Restriction window to restrict a category of service assignment to certain provider types or specialties. This restriction information is required to complete any UB-92 category of service assignment record.

Figure 42.1 – Bill Type Restriction Window

File	Edit
Select	Copy
Exit	
Exit Indiana MAR	
Print	

Figure 42.2 – Bill Type Restriction Window Menu Tree

Figure 42.2 is an illustration of the menu tree for the Bill Type Restriction window. All menus appear in single-line boxes. The menu titles in this illustration reflect the overall menu commands and window options for the Bill Type Restriction window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. If a command or window option is faded, the command or window option is not available at the time.

Select a command or window option by the following methods:

1. Click the command or window option title.

2. Use a drop-down menu. Click the desired option title and a drop-down box displays. Drag the mouse and let off the click on the desired command, or press **Alt** plus the underscored letter of the selected command, and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Menu Selection: Edit

This command modifies data.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: COS ID

Description – Displays the code associated with a general category of service system generated for the purpose of making each assignment record unique.

Format – Numeric

Features – Display only or input update field

Field Name: Assignment Description

Description – Displays a short description of the general category of service.

Format – Alphabetic description

Features – Display or input update field

Field Name: Type of Bill

Description – Displays the current listing of available provider types.

Format – Numeric code plus alphabetic description

Features – Drop-down menu selection

　Valid values:

　110 Hospital Inpatient

　111 Hospital Inpatient

　115 Hospital Inpatient

　130 Hospital Outpatient

　131 Hospital Outpatient

　135 Hospital Outpatient

140 Hospital Other Dx Services

141 Hospital Other Dx Services

145 Hospital Other Dx Services

210 Skilled Nursing

211 Skilled Nursing

215 Skilled Nursing

330 Home Health

331 Home Health

335 Home Health

650 Intermediate Care Facility

651 Intermediate Care Facility

655 Intermediate Care Facility

660 ICF/MR

661 ICF/MR

665 ICF/MR

670 CRF/DD

671 CRF/DD

675 CRF/DD

720 Hospital Dialysis Center

721 Hospital Dialysis Center

725 Hospital Dialysis Center

730 Freestanding Clinic

731 Freestanding Clinic

735 Freestanding Clinic

740 Outpatient Rehab Facility

741 Outpatient Rehab Facility

745 Outpatient Rehab Facility

750 Comp Outpatient Rehab Facility

751 Comp Outpatient Rehab Facility

755 Comp Outpatient Rehab Facility

830 Ambulatory Surgical Center

831 Ambulatory Surgical Center

835 Ambulatory Surgical Center

Other Messages

No Changes Keyed.

(Field Name) is Required.

Database Error.

Save is Successful.

System Information

PBL – MAR03.PBL

Window – W_COS_BILLTYP_RESTRICT

Menu – M_MAR_OPTIONS

Data Window – DW_COS_BILLTYP_RESTRICT

System Features

Click **New** to set the window fields to drop-down menus or blank fields to accept input updates. If **New** is clicked from the Selection window, a valid assignment opens. If **New** is clicked again, this window is set up to accept a completely new assignment record. When the valid selection is blanked out, it is not affected in the system. The **New** button is disabled in this window if **New** is selected in the previous Selection window.

Click **Save** to direct the system to accept the new category of service assignment restriction information and save the update for cross-referencing use in other windows.

Click **Delete** to direct the system to delete the current category of service updates that appear in the window. **Delete** from this window only deletes the information displayed from the assignment record, not the entire record.

Click **Select** will open the Bill Type Restriction window populated by the information pertaining to the selection brought forward from the Assignment window.

Click **Exit** from the primary window to exit the Bill Type Restriction window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Appendix A: State Category of Service

Table A.1 – State Category of Service

Code			Description
High-Level Category (summary of subcategories)			
Subcategory (summary of sub-subcategories)			
Sub-subcategory (detail)			
0100	Inpatient Services		
0200	Inpatient Psychiatric Services		
	0210	Inpatient Psychiatric Services – State Facility	
		0211	Inpatient Psychiatric Services – State Facility – Child
		0212	Inpatient Psychiatric Services – State Facility – Adult
		0213	Inpatient Psychiatric Services – State Facility – Aged
	0220	Inpatient Psychiatric Services – Private Facility	
		0221	Inpatient Psychiatric Services – Private Facility – Child
		0222	Inpatient Psychiatric Services – Private Facility – Adult
		0223	Inpatient Psychiatric Services – Private Facility – Aged
0300	Outpatient Services		
	0301	Outpatient Services – Emergency	
	0302	Outpatient Services – Non-emergency	
0400	Capitated Services – Risk Based Premium		
0500	Targeted Case Management Services		
0600	Physician Services		
	0610	PCCM Administrative Fee	
	0620	All other physician services	
0700	Prescribed Drugs Services		
	0710	Prescribed Drugs Services – Pharmacy	
		0711	Prescribed Drugs Services – Pharmacy – Legend
		0712	Prescribed Drugs Services – Pharmacy – Non-legend
	0720	Prescribed Drugs Services – Physician Dispensed Legend	
	0730	Prescribed Drugs Services – Dentist Dispensed Legend	
	0740	Prescribed Drugs Services – Chiropractor Dispensed Legend	
	0750	Prescribed Drugs Services – Podiatrist Dispensed Legend	
	0760	Prescribed Drugs Services – Optometrist Dispensed Legend	
	0790	Prescribed Drugs Services – Else	

(Continued)

Table A.1 – State Category of Service

Code		Description
High-Level Category (summary of subcategories)		
Subcategory (summary of sub-subcategories)		
Sub-subcategory (detail)		
0800		Medical Supply Services
	0801	Medical Supply Services – Pharmacy Dispensed
	0802	Medical Supply Services – Supplier Dispensed
	0890	Medical Supply Services – Else
0900		Durable Medical Equipment Services
	0901	Durable Medical Equipment Services – Pharmacy Dispensed
	0902	Durable Medical Equipment Services – Supplier Dispensed
	0903	Durable Medical Equipment Services – Chiropractor Dispensed
	0990	Durable Medical Equipment Services – Else
1000		Prosthetic/Orthotic Services
1100		Lab Services
1200		X-ray Services
1300		Transportation Services
	1301	Transportation Services – Emergency Ambulance
	1302	Transportation Services – Non-emergency Ambulance
	1303	Transportation Services – Other Ambulance
	1304	Transportation Services – Wheelchair Van
	1305	Transportation Services – Taxi
	1306	Transportation Services – Commercial Ambulatory
	1307	Transportation Services – Family Member Transportation
	1390	Transportation Services – Else
1400		Nursing Home Services
	1401	Nursing Home Services – Intermediate
	1402	Nursing Home Services – Skilled
1500		ICF-MR Services
	1501	ICF-MR Services – Small Private Facility
	1502	ICF-MR Services – Large Private Facility
	1503	ICF-MR Services – State Facility
1600		Home Health Services

(Continued)

Table A.1 – State Category of Service

Code			Description
High-Level Category (summary of subcategories)			
Subcategory (summary of sub-subcategories)			
Sub-subcategory (detail)			
1800	Hospice Services		
2000	Therapy Services		
	2010	Therapy Services – Physical	
		2011	Therapy Services – Physical – Therapist
		2013	Therapy Services – Physical – Physician
		2014	Therapy Services – Physical – Chiropractor
		2019	Therapy Services – Physical – Else
	2020	Therapy Services – Speech	
		2021	Therapy Services – Speech – Therapist
		2023	Therapy Services – Speech – Physician
		2029	Therapy Services – Speech – Else
	2030	Therapy Services – Occupational	
		2031	Therapy Services – Occupational – Therapist
		2033	Therapy Services – Occupational – Physician
		2039	Therapy Services – Occupational – Else
	2040	Therapy Services – Respiratory	
		2041	Therapy Services – Respiratory – Therapist
		2043	Therapy Services – Respiratory – Physician
		2049	Therapy Services – Respiratory – Else
	2050	Therapy Services – Audiology	
		2051	Therapy Services – Audiology – Therapist
		2052	Therapy Services – Audiology – Audiologist
		2053	Therapy Services – Audiology – Physician
		2059	Therapy Services – Audiology – Else
	2090	Therapy Services – Else	
2100	Outpatient Rehab Services		
2200	Mental Health Services		
	2201	Mental Health Rehabilitation	
	2202	Other Mental Health Services	

(Continued)

Table A.1 – State Category of Service

Code			Description
High-Level Category (summary of subcategories)			
Subcategory (summary of sub-subcategories)			
Sub-subcategory (detail)			
2300	Dental Services		
	2310	Dental Services – Child	
		2311	Dental Services – Child – Preventative and Diagnostic
		2312	Dental Services – Child – Restorative
		2313	Dental Services – Child – Oral Surgery
		2314	Dental Services – Child – Orthodontia
		2315	Dental Services – Child – Dentures and Prosthetics
		2316	Dental Services – Child – Endodontics
		2317	Dental Services – Child – Periodontics
		2319	Dental Services – Child – Other
	2320	Dental Services – Adult	
		2321	Dental Services – Adult – Preventative and Diagnostic
		2322	Dental Services – Adult – Restorative
		2323	Dental Services – Adult – Oral Surgery
		2324	Dental Services – Adult – Orthodontia
		2325	Dental Services – Adult – Dentures and Prosthetics
		2326	Dental Services – Adult – Endodontics
		2327	Dental Services – Adult – Periodontics
		2329	Dental Services – Else
2400	Chiropractic Services		
2500	Podiatrist Services		
2600	Eye Care and Exams		
	2601	Eye Care and Exams – Eye Exams	
	2602	Eye Care and Exams – Other Eye Care	
2700	Eyewear		
	2701	Eyewear – Eyeglasses	
	2702	Eyewear – Contacts	
	2703	Eyewear – Else	
2800	Dialysis Services		

(Continued)

Table A.1 – State Category of Service

Code		Description
High-Level Category (summary of subcategories)		
Subcategory (summary of sub-subcategories)		
Sub-subcategory (detail)		
2900		School Corporation Services
3100		Health Insurance Payments
	3101	Health Insurance Payments – Physician
	3102	Health Insurance Payments – Drug
	3103	Health Insurance Payments – Inpatient Hospital
	3104	Health Insurance Payments – Long Term Care
	3105	Health Insurance Payments – Buy-in Part A
	3106	Health Insurance Payments – Buy-in Part B
	3107	Health Insurance Payments – Other
3200		Non-Specific Financial Transactions
3300		Waiver Services
	3301	Waiver Services – Aged and Disabled
	3302	Waiver Services – Autistic
	3303	Waiver Services – ICF/MR Developmentally Disabled
	3304	Waiver Services – OBRA Home Care Based Services
	3305	Waiver Services – Medically Fragile Children
3400		MRT Exams (Disability Determination)
3500		Native American Health Services
9000		Default
9900		Unknown
	9910	HCFA-1500 Unknown
	9920	UB-92 Unknown
ALL		

Appendix B: Federal Category of Service

Table B.1 – Federal Category of Service (MSIS)

Code	Description
01	Totals
02	Inpatient Hospital Services
03	Mental Hospital Services for the Aged
04	SNF/ICF Services for the Aged (discontinued prior to 10/97)
05	Inpatient Psychiatric Services for Individuals Age 21 and Under
06	ICF Services for Mentally Retarded
07	ICF Services for All Others (discontinued prior to 10/97)
08	SNF Services
09	Physician Services
10	Dental Services
11	Other Practitioner Services
12	Outpatient Hospital Services
13	Clinic Services
14	Home Health Services
15	Family Planning Services (discontinued 10/98)
16	Lab/X-ray Services
17	Prescribed Drugs
18	Early and Periodic Screening (EPSDT) (discontinued 10/98)
19	Rural Health Clinic Services (discontinued 10/98)
20	Other Care
21	Capitated Payments to HMO or HIO Plan
22	Capitated Payments to Prepaid Health Plans (PHP)
23	Capitated Payments for Primary Care Case Mgmt (PCCM)
24	Federally Qualified Health Center (FQHC) discontinued 10/98
25	Sterilizations
26	Abortions
27	Transportation Services
28	N/A
29	N/A
30	N/A

(Continued)

Table B.1 – Federal Category of Service (MSIS)

Code	Description
31	Personal Care Services
32	Targeted Case Management
33	Home and Community Based Care Services (HCBCS)
34	Rehabilitation Services
35	PT, OT, Speech, Hearing and Language
36	Hospice Benefits
37	Nurse Practitioner – Midwife
38	Nurse Practitioner – Other
39	Private Duty Nursing
40	Religious Non-Medical Health Care Institutions
41	HCBCS Waivers (discontinued 10/98)

Appendix C: HCFA (64 and 37) Category of Service

Table C.1 – HCFA (64 and 37) Category of Service

Code	Description	
1	Inpatient Hospital	
	A	Regular Payments
	B	DSH Adjustment Payments
2	Mental Health Facility Services	
	A	Regular Payments
	B	DSH Adjustment Payments
3	Nursing Facility Services	
4	Intermediate Care Facility Services Mentally Retarded	
	A	Public Providers
	B	Private Providers
5	Physician's Services	
6	Outpatient Hospital Services	
7	Prescribed Drugs	
7A	Drugs Rebate Offset	
	A1	National Agreement
	A2	State Sidebar Agreement
8	Dental Services	
9	Other Practitioner's Service	
10	Clinic Services	
11	Laboratory and Radiological Services	
12	Home Health Services	
13	Sterilizations	
14	Abortions	
15	EPSDT Screening Services	
16	Rural Health Clinic	
17	Medicare Health Insurance Payments	
	A	Part A Premiums
	B	Part B Premiums
	C1	Qual Individuals – 120%-134% of Poverty

(Continued)

Table C.1 – HCFA (64 and 37) Category of Service

Code		Description
	C2	Qual Individuals – 135%-175% of Poverty
	D	Coinsurance and Deductibles
18		Medicaid Health Insurance Payments
	A	MCOs
	B	Prepaid Health Plans (PHPs)
	C	Group Health Plans
	D	Coinsurance and Deductibles
	E	Other
19		Home and Community-Based Services
20		Home and Community-Based Care for Functionally Disabled Elderly
21		Community Supported Living Arrangements
22		Programsof All Inclusive Care Elderly (PACE)
23		Personal Care
24		Targeted Case Management Services
25		Primary Care Case Management
26		Hospice Benefits
27		Emergency Services – Undocumented Aliens
28		Federally Qualified Health Center
29		Other Care Services
30		Total (All)

Appendix D: Category of Service Conversion – State to Federal

Table D.1 – Category of Service Conversion – State to Federal

State Category of Service				Federal (2082) Category of Service
01	Inpatient Services (includes x-ray, lab, all services)			02. Inpatient Hospital Services
02	Inpatient Psychiatric Services			
	02	10	state	
		02	11 child	05. Inpatient Psychiatric Services Age 0-21
		02	12 adult	02. Inpatient Hospital Services
		02	13 aged	03. Mental Hospital Services for the Aged
	02	20	private	
		02	21 child	05. Inpatient Psychiatric Services Age 0-21
		02	22 adult	02. Inpatient Hospital Services
		02	23 aged	03. Mental Hospital Services for the Aged
03	Outpatient Services			12. Outpatient Hospital Services
	03	10	emergency	
	03	20	non-emergency	
04	Capitated Services – Risk Based Premiums			20. Other Care
05	Targeted Case Management Services			20. Other Care
06	Physician Services (including other practitioners)			09. Physicians Services (excluding other practitioners)
				exclude:
				11. Other Practitioners Services
				provider types 09 and 10
				13. Clinic Services
				provider type 08 spec 080, 082, 084, 085
				15. Family Planning Services
				provider type 08 spec 083
				family planning procedure codes
				18. Early and Periodic Screening
				procedure codes: W6510 – W6612
				19. Rural Health Clinic Services
				provider type 08 spec 081

(Continued)

Table D.1 – Category of Service Conversion – State to Federal

State Category of Service				**Federal (2082) Category of Service**
07	Prescribed Drugs Services			17. Prescribed Drugs
	07	10	pharmacy	
		07	11	legend	exclude:
		07	12	non-legend	15. Family Planning Services
	07	20	physician-dispensed legend (MD/DO)	family planning NDCs
	07	30	dentist-dispensed legend	
	07	40	chiropractor-dispensed legend	
	07	50	podiatrist-dispensed legend	
	07	60	optometrist-dispensed legend	
	07	90	else	
08	Medical Supply Services			20. Other Care
	08	01	pharmacy-dispensed	
	08	02	supplier-dispensed	
09	Durable Medical Equipment Services			20. Other Care
	09	01	pharmacy-dispensed	
	09	02	supplier-dispensed	
	09	03	chiropractor-dispensed	
10	Prosthetic/Orthotic Services			20. Other Care
11	Lab (physician and independent lab only)			16. Lab and X-ray Services
12	X-ray (physician and independent radiology only)			16. Lab and X-ray Services
13	Transportation Services			20. Other Care
	13	01	emergency ambulance	
	13	02	non-emergency ambulance	
	13	03	other ambulance	
	13	04	wheelchair van	
	13	05	taxi	
	13	06	commercial ambulatory	
	13	07	family member transportation	
	13	90	else	
14	Nursing Home Services			
	14	01	intermediate	07. ICF Services – all other
	14	02	skilled	08. SNF Services

(Continued)

Table D.1 – Category of Service Conversion – State to Federal

State Category of Service					Federal (2082) Category of Service
					exclude:
					04. SNF/ICF Mental Health Services for the Aged
					(defined as: age: 65 + revenue codes: 910 – 919)
15	ICF-MR Services				06. ICF services for the mentally retarded
	15	01	small group	8 bed	
	15	02	large private	16 bed	
	15	03	state		
	15	90	else		
16	Home Health Services				14. Home Health Services
17	*** open				
18	Hospice Services				12. Outpatient Hospital Services
19	*** open				
20	Therapy Services				11. Other Practitioners Services
	20	10	physical		include: provider type 31
	20	11	therapist		spec 336
					exclude: 09. Physicians Services
	20	13	physician		provider type 31
	20	14	chiropractor		spec exclude: 333, 336, 339, 341
	20	19	else		13. Clinic Services
	20	20	speech		provider type 08
	20	21	therapist		spec 087
	20	23	physician		
	20	29	else		
	20	30	occupational		
	20	31	therapist		
	20	33	physician		
	20	39	else		
	20	40	respiratory		
	20	41	therapist		
	20	43	physician		
	20	49	else		

(Continued)

Table D.1 – Category of Service Conversion – State to Federal

State Category of Service				Federal (2082) Category of Service
	20	50	audiology	
	20	51	therapist	
	20	53	physician	
	20	59	else	
21	Outpatient Rehab Services			12. Outpatient Hospital Services
22	Mental Health Services (includes psychiatrists and all MH providers)			11. Other Practitioners
23	Dental Services			10. Dental Services
	23	10	child	
	23	11	preventive and diagnostic	
	23	12	restorative	
	23	13	oral surgery	
	23	14	orthodontia	
	23	15	dentures and prosthetics	
	23	16	endodontics	
	23	17	periodontics	
	23	18	other	
	23	20	adult	
	23	21	preventive and diagnostic	
	23	22	restorative	
	23	23	oral surgery	
	23	24	orthodontia	
	23	25	dentures and prosthetics	
	23	26	endodontics	
	23	27	periodontics	
	23	28	other	
	23	90	else	
24	Chiropractic Service (physical therapy not included)			11. Other Practitioners Services
25	Podiatrist services			11. Other Practitioners Services
26	Eye Care and Exams			11. Other Practitioners Services
	26	01	eye exams	
	26	02	other eye care	

(Continued)

Table D.1 – Category of Service Conversion – State to Federal

State Category of Service				Federal (2082) Category of Service
27	Eyewear			20. Other Care
	27	01	eyeglasses	
	27	02	contacts	
	27	90	else	
28	Dialysis Services			12. Outpatient Hospital Services
29	School Corporation Services			20. Other Care
30	***open			
31	Health Insurance payments			20. Other Care
	31	01	physician	
	31	02	drug	
	31	03	inpatient hospital	
	31	04	long term care	
	31	05	buy-in part A	
	31	06	buy-in part B	
	31	07	other	
32	Non-Specific Financial Transactions			20. Other Care
33	Waiver Services			20. Other Care
	33	01	aged and disabled waiver	
	33	02	autistism waiver	
	33	03	ICF/MR developmentally disabled waiver	
	33	04	OBRA home care based services waiver	
	33	05	medically fragile children's services waiver	
	33	90	else	
34	MRT Exams (Disability Determination)			not used
35	Native American Health Services			not used
90	Default			20. Other Care
99	Unknown			20. Other Care
00	ALL			01. Total

Appendix E: Category of Service Conversion – Federal (HCFA37 and 64) to State

Table E.1 – Category of Service Conversion – Federal (HCFA 37 and 64) to State

Line	Description		
Line1:	Inpatient Hospital Services		
	1A:	Regular Payments	= State Category 01 Inpatient Services Regular Payments
	1B:	DSH Adjustment Payments	= State Category 01 Inpatient Services DSH Adjusted Payment
Line2:	Mental Health Facility Services		
	2A:	Regular Payments	= State Category 02 Inpatient Psychiatric Services Regular Payments
	2B:	DSH Adjustment Payments	= State Category 02 Inpatient Psychiatric DSH Adjusted Payment
Line3:	Nursing Facility Services		= State Category 14 Nursing Home Services
Line4:	Intermediate Care Facility Services – Mentally Retarded		
	4A:	Public Provider	= State Category 15 03 ICF-MR Services – state
	4B:	Private Provider	= State Category 15 01 ICF-MR Service-small group;
			State Category 15 02 ICF-MR Service-large private
Line5:	Physicians Services		= State Category 06 Physician Services wwith provider type 31
			specialty 310 – 345 (exclude specialties: 330, 333, 339, 341).
Line6:	Outpatient Hospital Services		= State Category 03 Outpatient Services;
			State Category 21 Outpt Rehab Services;
			State Category 28 Dialysis Services
Line7:	Prescribed Drugs		= State Category 07 Prescribed Drugs Services
Line7A:	Drugs Rebate Offset		
	7A1.	National Agreement	= not yet defined
	7A2.	State Sidebar Agreement	= not yet defined
Line8:	Dental Services		= State Category 23 Dental Services
Line9:	Other Practitioners' Services		= State Category 06 Physician Services with provider type 09, 10;
			State Category 20 Therapy Services;
			State Category 22 Mental Health Services (includes psychiatrist and all
			Mental Health providers);

(Continued)

Table E.1 – Category of Service Conversion – Federal (HCFA 37 and 64) to State

Line			Description
			State Category 24 Chiropractic Services (physical therapy not included);
			State Category 25 Podiatrist Services;
			State Category 26 Eye care and Exams
Line10:	Clinic Services		= State Category 06 Physician Services with provider type 08
			specialty 082 – 085
Line11:	Laboratory and Radiological Services		= State Category 11 Lab (Phys 1500 and independent lab only);
			State Category 12 X-ray (Physician and independent lab only)
Line12:	Home Health Services		= State Category 16 Home Health Services
Line13:	Sterilizations		= State Category 06 Physician Services with procedure codes:
			55250, 55450, 58600, 58605, 58611, 58615, 58982, 58983, X4247, X4248,
			X4533, X4542, X4562 with diagnosis codes V252 or V615
Line14:	Abortions		= State Category 06 Physician Services with procedure code:
			59840, 59841, 59100, 59850 – 59852, 59830
Line15:	EPSDT Services		= State Category 06 Physician Services with procedure codes:
			W6510 – W6612
Line16:	Rural Health Clinic		= State Category 06 Physician Services with provider type 08 specialty 081
Line17:	Health Insurance Payments		
	17A.	Part A Premiums	= State Category 31 05 Health Insurance Payments Buy-In Part A
	17B.	Part B Premiums	= State Category 31 06 Health Insurance Payments Buy-In Part B
	17C1.	Qual Indiv – 120%-134% of Poverty	= not yet determined
	17C2.	Qual Indiv – 135%-175% of Poverty	= not yet determined
	17D.	Coinsurance and Deductibles	= State Category 31 02 Health Insurance Payments Coins & Deductibles
Line18:	Medicaid Health Insurance Payments		

(Continued)

Table E.1 – Category of Service Conversion – Federal (HCFA 37 and 64) to State

Line	Description		
	18A.	MCOs	=
	18B.	Prepaid Health Plans (PHP's)	=
	18C.	Group Health Plan	= StateCategory 31 03 Health Insurance Payments inpatient hospital;
			State Category 31 04 Health Insurance Payments Long Term Care
	18D.	Coinsurance and Deductibles	=
	18E.	Other	= State Category 31 03 Health Insurance Payments – Other
Line19:			= State Category 33 01, 33 02, 33 03, and 33 05 waiver services
Line20:	Home and Community-Based Servicesfor Functionally Disabled Elderly		= n/a
Line21:	Community Supported Living Arrangement		= non-covered services
Line22:	Programs of All-Inclusive Care Elderly (PACE)		=
Line23:	Personal Care Services		= non-covered services
Line24:	Targeted Case Management Services		= State Category 05 Targeted Case Management Services
Line25:	Primary Care Case Management		=
Line26:	Hospice Benefits		= State Category 18 Hospital Services
Line27:	Emergency Services – Undocumented Aliens		=
Line28:	Federally Qualified Health Center		= State Category 06 Physician Services with provider type 08 & spec 080
Line29:	Other Care Services		= State Category 04 Capitated Services;
			State Category 08 Medical Supply Services;
			State Category 09 Durable Medical Equipment Services;
			State Category 10 Prosthetic/Orthotic services;
			State Category 13 Transportation Services;
			State Category 27 Eyewear;
			State Category 29 School Corporation Services;
			State Category 32 Non Claim Specific Financial Transaction;

(Continued)

Table E.1 – Category of Service Conversion – Federal (HCFA 37 and 64) to State

Line	Description	
		State Category 90 Default
Line30:	Total	= SUM (Line 1-Line 29)

Appendix F: State Category of Service Definition

Table F.1 – State Category of Service Definition

Code					Definition	
01	Inpatient Services (includes X-ray, lab etc services)				UB-92 claim type I	
					Crossover claim type A	
					bill type 110-118	
					provider type 01 provider specialty 010, 012	
					provider type 04 provider specialty 040	
02	Inpatient Psychiatric Services				UB-92 claim type I	
					Crossover claim type A	
					bill type 110-118	
					provider type 01 provider specialty 011	
	02	10	state		see list of providers (name/number) below	
		02	11	child	age 0-20	
		02	12	adult	age 21-64	
		02	13	aged	age 65 +	
	02	20	private		all providers type 01 specialty 011	
					excluding state psychiatric facilities listed below	
		02	21	child	age 0-20	
		02	22	adult	age 21-64	
		02	23	aged	age 65 +	
					State Psychiatric Facilities	
					100273290	Central State Hospital
					100273150	Logansport State Hospital
					100273320	Madison State Hospital
					100273300	Richmond State Hospital
					100273500	Evansville State Hospital
					100273120	Evansville Psychiatric
					100273130	Larue D. Carter
03	Outpatient Services				UB-92 claim type O	
					Crossover claim type C	
					bill type 130-148, 830-838	
					provider type 01 provider specialty 010, 012	
					provider type 02 provider specialty 020	
					provider type 03 provider specialty 030-033	

(Continued)

Table F.1 – State Category of Service Definition

Code				Definition
				provider type 04 provider specialty 040
				provider type 08 provider specialty 080-087
				provider type 17 provider specialty 170-173
	03	01	emergency	emergency diagnosis: emergency indicator on diagnosis file
	03	02	non-emergency	non-emergency diagnosis: no emergency indicator on dx file
04	Capitated Services – Risk Based Premiums			Non-claim specific financial transactions
05	Targeted Case Management Services			HCFA-1500 claim type M
				Crossover claim type B
				provider type 21 provider specialty 210-212
06	Physician Services (including other practitioners)			
	06	10	PCCM Administrative Fee	Financial Transaction
	06	20	All other physician services	HCFA-1500 claim type M
				Crossover claim type B
				provider type 02 provider specialty 020
				provider type 08 provider specialty 080-085
				provider type 09 provider specialty 090-095
				provider type 10 provider specialty 100-101
				provider type 13 provider specialty 130
				provider type 16 provider specialty 160-162
				provider type 27 provider specialty 270-277
				provider type 31 provider specialty 310-345
				exclude specialties: 330, 339, 341
				also exclude:
				procedure type 15 – Med Supply Codes
				procedure type 16 – DME codes
				procedure type 17 – Prosthetics/Orthotics
				procedure type 18 – Lab codes
				procedure type 19 – X-ray codes
				procedure types 28-32 – Therapy codes
				procedure type 36 – Dialysis codes
07	Prescribed Drugs Services			Pharmacy claim type P any drug NDC
	07	10	pharmacy	provider type 24 provider specialty 240

(Continued)

Table F.1 – State Category of Service Definition

		Code			Definition	
		07	11	legend	legend NDC	
		07	12	non-legend	non-legend NDC	
	07	20		physician-dispensed legend (MD/DO)	provider type 31 provider specialty 310 – 345	
					provider type 08 provider specialty 080 - 087	
	07	30		dentist-dispensed legend	provider type 27 provider specialty 270 - 277	
	07	40		chiropractor-dispensed legend	provider type 15 provider specialty 150	
	07	50		podiatrist-dispensed legend	provider type 14 provider specialty 140	
	07	60		optometrist-dispensed legend	provider type 18 provider specialty 180	
	07	90		else	any drug NDC not included above	
08		Medical Supply Services			HCFA-1500 claim type M	
					Crossover claim type B	
	08	01		pharmacy-dispensed	provider type 24 provider specialty 240	
					with procedure type 15	
	08	02		supplier-dispensed	provider type 22 provider specialty 220	
					provider type 25 provider specialty 250	
					with procedure type 15	
	08	90		else	any other provider type with procedure type 15	
09		Durable Medical Equipment Services			HCFA-1500 claim type M	Crossover claim type B
	09	01		pharmacy-dispensed	provider type 24 provider specialty 240 or 250	
					with procedure type 16	
	09	02		supplier-dispensed	provider type 25 provider specialty 250	
					with procedure type 16	
	09	03		chiropractor-dispensed	provider type 15 provider specialty 150	
					with procedure type 16	
	09	90		else	provider type 25 provider specialty 250	
					excluding procedure type 15 and 16	
					any other provider type with procedure type 16	
10		Prosthetic/Orthotic services			HCFA-1500 claim type M	
					Crossover claim type B	
					procedure type 17	
11		Lab (HCFA-1500 only)			HCFA-1500 claim type M	
					Crossover claim type B	
					provider type 28 specialty 280	
					or any provider type/specialty	

(Continued)

Table F.1 – State Category of Service Definition

Code				Definition
				procedure type 18
12	X-ray (HCFA-1500 only)			HCFA-1500 claim type M
				Crossover claim type B
				provider type 31 specialty 341
				provider type 29 specialties 290-291
				or any provider type/specialty
				procedure type 19
13	Transportation Services			HCFA-1500 claim type M
				Crossover claim type B
				provider type 26
	13	01	emergency ambulance	provider specialty 260
				or any other provider type and specialty
				with codes: A0010, A0020
				or procedure type 20, 21 with emergency indicator 'Y' on detail
	13	02	non-emergency ambulance	provider specialty 260
				or any other provider type and specialty
				with codes: A0021, A0060
				or procedure type 20, 21 with emergency indicator "N" on detail
	13	03	other ambulance	provider specialty 261 any service
				or any other provider type and specialty
				procedure type 22
	13	04	wheelchair van	provider specialty 265 any service
				or any other provider type and specialty
				procedure type 23
	13	05	taxi	provider specialty 263 any service
				or any other provider type and specialty
				procedure type 24
	13	06	commercial ambulatory	provider specialty 262, 264 any service
				or any other provider type and specialty
				procedure type 25
	13	07	family member transportation	provider specialty 266 any service
				or any other provider type and specialty
				procedure type 26

(Continued)

Table F.1 – State Category of Service Definition

Code				Definition	
	13	90	else	any provider type and specialty	
				procedure type 27	
				and provider type 26 specialty 260	
				any other procedure codes billed	
14	Nursing Home Services			UB-92 claim type L	
				bill type 210-218, 650-658	
				Crossover claim type A	
				Crossover claim type C	
	14	01	intermediate	bill type 650-658	
	14	02	skilled	bill type 210-218	
15	ICF-MR Services			UB-92 claim type L	
				Crossover claim type A	
				Crossover claim type C	
	15	01	small group	8 bed	bill type 660-678
				provider type 03 provider specialty 033	
	15	02	large private	16 bed	bill type 660-678
				provider type 03 provider specialty 031	
	15	03	state		bill type 660-678
				100271910	Central State Hospital
				100271930	Northern Indiana State Developmental Center
				100272000	New Castle State Developmental Center
				100272090	Evansville State Hospital – Evansville
				100271890	Ft Wayne Developmental Center
				100271950	Muscatatuck
				100272040	Logansport
				100272180	Madison State Hospital – ICF/MR
	15	90	else	bill type 660-678	any other provider type and specialty
16	Home Health Services			UB-92 claim type H	HCFA-1500 claim type M
				Crossover claim type A	Crossover claim type B
				bill type 330-348	
				provider type 05 provider specialty 050	
17	***open				
18	Hospice Services			UB-92 claim type O	

(Continued)

Table F.1 – State Category of Service Definition

Code					Definition
					bill type 810-828
					Crossover claim type C
19	*** open				
20	Therapy Services				HCFA-1500 claim type M
					Crossover claim type B
	20	10	physical		
		20	11	therapist	provider type 17 provider specialty 170
		20	13	physician	provider type 31 provider specialty 310-345
					procedure type 28
		20	14	chiropractor	provider type 15 provider specialty 150
					procedure type 28
		20	19	else	any other provider type
					procedure type 28
	20	20	speech		
		20	21	therapist	provider type 17 provider specialty 173
					procedure type 29
		20	23	physician	provider type 31 provider specialty 310-345
					procedure type 29
		20	29	else	any other provider types
					procedure type 29
	20	30	occupational		
		20	31	therapist	provider type 17 provider specialty 171
		20	33	physician	provider type 31 provider specialty 310-345
					procedure type 30
		20	34	else	any other provider type
					procedure type 30
	20	40	respiratory		
		20	41	therapist	provider type 17 provider specialty 172
		20	43	physician	provider type 31 provider specialty 310-345
					procedure type 31
		20	49	else	any other provider type:
					procedure type 31
	20	50	audiology		
		20	51	therapist	provider type 17 provider specialty 173
					procedure type 32

(Continued)

Table F.1 – State Category of Service Definition

Code				Definition	
		20	52	audiologist	provider type 20 provider specialty 200
		20	53	physician	provider type 31 provider specialty 310-345
					procedure type 32
		20	59	else	any other provider type
					procedure type 32
21	Outpatient Rehab Services				UB-92 claim type O
					Crossover claim type C
					bill type 740-758
					HCFA-1500 claim type M
					Crossover claim type B
					provider type 04 provider specialty 040
22	Mental Health Services (includes psychiatrists and all MH providers)				
	22	01		Mental Health Rehabilitation	HCFA-1500 Claim type M
					Crossover claim type B
					procedure type 50
	22	02		Other Mental Health Services	HCFA-1500 Claim type M
					Crossover claim type B
					UB-92 Claim type O
					Crossover Claim type C
					provider type 01 provider specialty 011
					bill type 130-148, 830-838 (with UB-92 claim types)
					provider type 08 provider specialty 087
					provider type 31 provider specialty 339
					provider type 11 provider specialty 110 - 117
					exclude procedure type 50
23	Dental Services				Dental claim type D
					provider type 27 provider specialty 270-277
					provider type 08 provider specialty 086
	23	10		child	age 0-20
		23	11	preventive and diagnostic	codes: D0100-D1999
		23	12	restorative	D2000-D2999
		23	13	oral surgery	D7000-D7999
		23	14	orthodontia	D8000-D8999

(Continued)

Table F.1 – State Category of Service Definition

Code					Definition	
		23	15	dentures and prosthetics		D5000-D6999
		23	16	endodontics		D3000-D3999
		23	17	periodontics		D4000-D4999
		23	18	other		D9000-D9999
	23	20	adult		age 21 +	
		23	21	preventive and diagnostic	codes:	D0100-D1999
		23	22	restorative		D2000-D2999
		23	23	oral surgery		D7000-D7999
		23	24	orthodontia		D8000-D8999
		23	25	dentures and prosthetics		D5000-D6999
		23	26	endodontics		D3000-D3999
		23	27	periodontics		D4000-D4999
		23	28	other		D9000-D9999
	23	90	else		default	
24	Chiropractic Service (physical therapy not included)				HCFA-1500 claim type M	
					Crossover claim type B	
					provider type 15 provider specialty 150	
					exclude:	
					procedure types: 15, 16, 17, 18, 19, 28-32, 36	
25	Podiatrist services				HCFA-1500 claim type M	
					Crossover claim type B	
					provider type 14 provider specialty 140	
					exclude:	
					procedure types: 15, 16, 17, 18, 19, 28-32, 36	
26	Eye Care and Exams				HCFA-1500 claim type M	
					Crossover claim type B	
					provider type 18 provider specialty 180	
					provider type 31 provider specialty 330	
	26	01	eye exams		procedure type 33	
	26	02	other eye care		provider type 18 provider specialty 180	
					provider type 31 provider specialty 330	
					exclude procedure types 33, 34, 35	
27	Eyewear				HCFA-1500 claim type M	
					Crossover claim type B	

(Continued)

Table F.1 – State Category of Service Definition

	Code			Definition	
				provider type 18 provider specialty 180	
				provider type 19 provider specialty 190	
				provider type 31 provider specialty 330	
	27	01	eyeglasses	procedure type 34	
	27	02	contacts	procedure type 35	
	27	90	else	provider type 19 provider specialty 190	
				exclude procedure types 33, 34, 35	
28	Dialysis Services			UB-92 claim type O	
				Crossover claim type C	
				bill type 131-148, 720-728	
				provider type 30 provider specialty 300	
				HCFA-1500 claim type M	
				Crossover claim type B	
				procedure type 36	
29	School Corporation Services			HCFA-1500 claim type M	
				Crossover claim type B	
				provider type 12 provider specialty 120	
30	***open				
31	Health Insurance Payments			Non-claim specific payments	
	31	01	physician		
	31	02	drug		
	31	03	inpatient hospital		
	31	04	long term care		
	31	05	buy-in part A		
	31	06	buy-in part B		
	31	07	other		
32	Non-Specific Financial Transactions			Region 60 transactions	
33	Waiver Services			HCFA-1500 claim type M	Crossover claim type B
				provider type 32 provider specialty 350-355	
	33	01	aged and disabled waiver	with recipient level of care: A through H	
	33	02	autistic waiver	with recipient level of care: P through Q	
	33	03	ICF/MR developmentally disabled waiver	with recipient level of care: T, U, V and W	
	33	04	OBRA home care based services waiver	with recipient level of care: W (phased into ICF/MR 1995)	

(Continued)

Table F.1 – State Category of Service Definition

Code				Definition		
	33	05	medically fragile children waiver	with recipient level of care: J, X, Y and Z		
34	MRT Exams (Disability Determination)			Not used.		
35	Native American Health Services			Not used.		
90	Default			dietitian	HCFA-1500 claim type M	provider type 23 provider specialty 230
99	Unknown			Includes claims denied with no provider type, provider specialty		
	99	10		HCFA-1500 unknown or invalid claims		
	99	20		UB-92 unknown or invalid claims		

Appendix G: State Aid Category

Table G.1 − State Aid Category

AID Category	Description
	All
1	Aged
2	Blind
3	Disabled
4	Healthwise Child
5	Healthwise Adult
6	Other Child
7	Other Adult
8	Title XXI with insurance
9	Title XXI w/o insurance CHIPS
10	BCCTS Breast / Cervical Cancer
99	Unknown: When program codes CSHCS and 590 Prison, are selected, the state aid category is **Unknown** because these programs are not aid category specific.

Appendix H: Federal Aid Category

- All
- Aged
- Blind
- Disabled
- AFDC
- Other Title XIX

Appendix I: ICES Aid Category

Table I.1 – ICES Aid Category

Code	Description
MA A	Aged Medicaid
MA B	Blind Medicaid
MA C	ADC Related Medicaid
MA D	Disabled Medicaid
MA E	Extended Medicaid for Pregnant Women
MA F	Transitional Medical Assistance (TMA)
MA G	Qualified Disabled Worker (QDW)
MA H	ADC Related Medicaid for Deemed Income
MA I	Qualified Individual 1
MA J	Specified Low Income Medicare Beneficiary
MA K	Qualified Individual 2
MA L	Qualified Medicare Beneficiary
MA M	Full-Range Medicaid for Pregnant Women
MA N	Limited Medicaid for Pregnant Women
MA O	ADC Related for Institutional Child
MA P	Medicaid for Pregnant Recipients Not Eligible Due to Increased Income
MA Q	Refugee Medical Assistance
MA R	RBA Related Medicaid
MA S	ADC Related Medicaid for Sibling Income
MA T	ADC Related Medicaid for Children 18-20
MA U	ADC Related Medicaid for SSI Receipt
MA X	Medicaid for Newborns
MA Y	Medicaid for Children Under 1
MA Z	Medicaid for Children Under 6
MA 1	Medicaid for Children Under 19
MA 2	Medicaid for Children Age 6-19
MA 3	Medicaid for Wards
MA 4	Medicaid for IV-E Foster Children
MA 5	ARCH for Aged
MA 6	ARCH for Blind

(Continued)

Table I.1 – ICES Aid Category

Code	Description
MA 7	ARCH for Disabled
MA 8	Medicaid for IV-E Adoption
MA 9	Children age 1-19, up to 150 % poverty
MA 10	Hoosier Healthwise – PKG C Childrens Health Plan
MA 12	BCCTS Breast / Cervical Cancer Treatment SVC
MAAP	Aged Refugee
MABP	Blind Refugee
MACP	AFDC Related Refugee
MADI	Working Disabled MEDWORKS Improved
MADP	Disabled Refugee
MADW	Working Disabled MEDWORKS
MAFP	TMA Refugee
MAGP	QDW Refugee
MAHP	ADC Refugee
MALP	QMB Refugee
MAMP	Full-Range for Pregnant Woman Refugee
MANP	Limited Range for Pregnant Woman Refugee
MAOP	ADC Related for Institutional Child Refugee
MAPP	MA P for Refugee
MARP	RBA Related Refugee
MASP	MA S Refugee
MATP	MA T Refugee
MAUP	MA U Refugee
MAXP	Newborns Refugee
MAYP	Children Under 1 Refugee
MAZP	Children Under 6 Refugee
MA1P	Children Under 19 Refugee
MA2P	Children 6-19 Refugee
MA3P	Wards Refugee
MA4P	Medicaid for Foster Children Refugee
MA5P	ARCH for Aged Refugee
MA6P	ARCH for Blind Refugee

(Continued)

Table I.1 – ICES Aid Category

Code	Description
MA7P	ARCH for Disabled Refugee
MA8P	Medicaid for Adoption Refugee
ALL	

Appendix J: Aid Category Conversion – ICES to State

Table J.1 – Aid Category Conversion – ICES to State (part 1 of 2)

	State Aid Categories				
I C E S C A T E G O R I E S	**Aged**	**Blind**	**Disabled**	**Healthwise Child**	**Healthwise Adult**
	MA A	MA B	MA D	MA C (Age 0-20)	MA C (Age 21+)
	MA J (Age 65+)	MA 6	MA G	MA H (Age 0-20)	MA H (Age 21+)
	MA L (Age 65+)	MA BP	MA J (Age<65)	MA S (Age 0-20)	MA S (Age 21+)
	MA R (Age 65+)	MA 6P	MA L (Age<65)	MA T	MA E
	MA 5		MA R (Age<65)	MA X	MA M
	MA AP		MA 7	MA Y	MA N
	MA LP (Age 65+)		MA DI	MA Z	MA P
	MA RP (Age 65+)		MA DP	MA 1	
	MA 5P		MA DW	MA 2	
			MA GP		
			MA LP (Age<65)		
			MA RP (Age<65)		
			MA 7P		

Table J.1 – Aid Category Conversion – ICES to State (part 2 of 2)

	State Aid Categories				
I C E S C A T E G O R I E S	**Other Child**	**Other Adult**	**Title XIX with Insurance**	**Title XIX w/o Insurance CHIPS**	**BCCTS Breast/ Cervical Cancer**
	MA F (Age 0-20)	MA F (Age 21+)	MA 9 with creditable insurance	MA 10	MA 12
	MA O	MA J		MA 9 w/out creditable insurance	
	MA Q (Age 0-20)	MA Q (Age 21+)		(coverage C, Q, or A and B)	
	MA U (Age 0-20)	MA U (Age 21+)		MA 2 born before 10/01/1983	
	MA 3	MA MP			
	MA 4	MA NP			
	MA 8	MA CP (Age 21+)			
	MA CP (Age 0-20)	MA FP (Age 21+)			
	MA FP (Age 0-20)	MA HP (Age 21+)			
	MA HP (Age 0-20)	MA SP (Age 21+)			
	MA OP	MA UP (Age 21+)			
	MA SP (Age 0-20)	MA PP			
	MA TP				
	MA UP (Age 0-20)				
	MA XP				
	MA YP				
	MA ZP				
	MA 1P				
	MA 2P				
	MA 3P				
	MA 4P				
	MA 8P				

Appendix K: Category Conversion – ICES to Federal

Appendix K.1 – Category Conversion – ICES to Federal

Aid Category							
Federal	**Aged**	**Blind**	**Disabled**	**AFDC**		**SOBRA**	
				Child	**Adult**	**Child**	**Adult**
				(DEFRA included)			
				age 0-20 only	age 21-64 only		
ICES	MA A	MA B	MA D	MA C	MA C		
			MA G		MA E		
	MA J (age 65 +)		MA J (age 64 -)	MA F	MA F		
				MA H	MA H		
	MA L (age 65 +)		MA L (age 64 -)				
					MA M		
							MA N
				MA O			
							MA P
				MA Q	MA Q		
	MA R (age 65 +)		MA R (age 64 -)	MA S	MA S		
				MA T			
				MA U	MA U		
				MA X			
				MA Y			
						MA Z	
				MA 1			
				MA 2			
				MA 3			
				MA 4			
	MA 5	MA 6	MA 7	MA 8			
			MA DI				
	MA AP	MA BP	MA DP	MA CP	MA CP		
			MA DW				
			MA GP	MA FP	MA FP		

(Continued)

Appendix K.1 – Category Conversion – ICES to Federal

Aid Category							
Federal	**Aged**	**Blind**	**Disabled**	**AFDC**		**SOBRA**	
				Child	**Adult**	**Child**	**Adult**
				(DEFRA included)			
				MA HP	MA HP		
	MA LP		MA LP	MA 12	MA 12		
	(age 65 +)		(age 64 -)		MA MP		
							MA NP
				MA OP			MA PP
	MA RP		MA RP	MA SP	MA SP		
	(age 65 +)		(age 64 -)	MA TP			
				MA UP	MA UP		Presumptive
				MA XP			Eligibility
				MA YP			Renamed Limited
						MA ZP	Care For
				MA 1P			Pregnant
				MA 2P			Women
				MA 3P			MA N
				MA 4P			MA NP
	MA 5P	MA 6P	MA 7P	MA 8P			

Other	**DEFRA-Child**	**DEFRA-Mother**	**CHINS**	**Delinquents**	**Wards**	**AFDC-UP**	
						Child	**Adult**
						(age 0-20)	(age 21-64)
ICES	MA X	MA E	MA 3	MA 3	MA 3	MA C	MA C
	MA Y	MA M	MA 3P		MA 3P	MA F	MA F
	MA 1	MA MP				MA CP	MA CP
	MA 2		ICES will provide an indicator to separate			MA FP	MA FP
	MA XP		CHINS and delinquents within wards			MA HP	MA HP
	MA YP						
	MA 1P						
	MA 2P						

Appendix L: Aid Category Conversion – ICES to Federal (HCFA37)

Line 1: Blind and Disabled

Total average number of eligible recipients with aid category B, D, G, 6, 7, BP, DI, DP, DW, GP, 6P, 7P, L, R, LP, or RP and the age is less than or equal to 64 years.

Line 2: Aged 65 and Over

a. QMBs Only

Total average number of eligible recipients with aid category L, LP, or RP where the age is more than or equal to 65 years.

b. Other Aged

Total average number of eligible recipients with aid category A, 5, AP, 5P, J, R, or RP and the age is more than or equal to 65 years.

Line 3: Other Adults (Non-Disabled/Non-Aged)

a. Pregnancy Benefit Adults

Total average number of eligible recipients with aid category N, P, NP, or PP.

b. Other Adults

Total average number of eligible recipients with aid category 12, E, M, MP, J, C, F, H, Q, S, U, CP, FP, HP, SP, or UP and age more than or equal to 21 years but less than or equal to 64 years).

Line 4: Non-Disabled Children.

a. Age Less Than 1 Year

Total average number of eligible recipients with aid category X, Y, 1, 3, 4, 8, O, C, F, H, Q, S, U, J, XP, YP, 1P, 3P, 4P, 8P, OP, CP, FP, HP, SP, or UP and the age is less than one year.

b. Age 1 to 5

Total average number of eligible recipients with aid category 1, 2, 3, 4, 8, C, F, H, J, O, Q, S, T, U, X, Y, Z, 1P, 2P, 3P, 4P, 8P, CP, FP, HP, OP, SP, TP, UP, XP, YP, or ZP, and age is more than or equal to one year but less than or equal to five years.

c. Other Children

Total average number of eligible recipients with aid category 1, 2, 3, 4, 8, C, F, H, J, O, Q, S, T, U, 1P, 2P, 3P, 4P, 8P, CP, FP, HP, OP, SP, TP, or UP and age is more than or equal to six years but less than or equal to 20 years.

Appendix M: Provider Type

Table M.1 – Provider Type

Code	Description
01	Hospital
02	Ambulatory Surgical Center
03	Extended Care Facilities
04	Rehabilitation Facility
05	Home Health Agency
06	Hospice
07	Capitation Provider
08	Clinic
09	Advance Practice Nurse
10	Mid-level Practitioner
11	Mental Health Provider
12	School Corporation
13	Public Health Agency
14	Podiatrist
15	Chiropractor
16	Nurse
17	Therapist
18	Optometrist
19	Optician
20	Audiologist
21	Targeted Case Manager
22	Hearing Aid Dealer
23	Dietitian
24	Pharmacy
25	DME/Medical Supply Dealer
26	Transportation Provider
27	Dentist
28	Laboratory
29	Radiology Provider
30	End Stage Renal Disease Clinic
31	Physician

(Continued)

Table M.1 – Provider Type

Code	Description
32	Waiver Provider
33	Non Billing Waiver Case Manager
All	
Unknown	Note: This classification will be used to report claims denied for reasons such as the billing provider is not on file which will not have a provider type assigned.

Appendix N: Provider Specialty

Table N.1 – Provider Specialty

Code	Description
010	Acute Care Hospital
011	Psychiatric Hospital
012	Rehabilitation Hospital
020	Ambulatory Surgical Center
030	Nursing Facilities
031	ICF/MR
032	Pediatric Nursing Facility
033	Residential Care Facility
040	Rehabilitation Facility
050	Home Health Agency
060	Hospice
070	Rick Based Managed Care (RBMC)
071	Managed Care Organization (MCO)
072	Prepaid Health Plan (PHP)
073	Competitive Medical Plans (CMP)
080	Federally Qualified Health Clinic (FQHC)
081	Rural Health Clinic (RHC)
082	Medical Clinic
083	Family Planning Clinic
084	Nurse Practitioner Clinic
085	Title V Clinic
086	Dental Clinic
087	Therapy Clinic
090	Pediatric Nurse Practitioner
091	Obstetric Nurse Practitioner
092	Family Nurse Practitioner
093	Nurse Practitioner (other)
094	Certified Registered Nurse Anesthetist (CRNA)
095	Certified Nurse Midwife
100	Physician Assistant
101	Anesthesiology Assistant

(Continued)

Table N.1 – Provider Specialty

Code	Description
110	Outpatient Mental Health Clinic
111	Community Mental Health Center (CMHC)
112	Psychologist
113	Certified Psychologist
114	Health Service Provider in Psychology (HSPP)
115	Certified Clinical Social Worker (MSW)
116	Certified Social Worker
117	Psychiatric Nurse
120	School Corporation
130	County Health Department
140	Podiatrist
150	Chiropractor
160	Registered Nurse (RN)
161	Licensed Practical Nurse (LPN)
162	Registered Nurse Clinical (RNC)
170	Physical Therapist
171	Occupational Therapist
172	Respiratory Therapist
173	Speech/Hearing Therapist
180	Optometrist
190	Optician
200	Audiologist
210	Care Coordinator for Pregnant Women
211	HIV Case Manager
212	CSHCS Care Coordinator
220	Hearing Aid Dealer
230	Registered Dietitian
240	Pharmacist
250	DME/Medical Supply Dealer
260	Ambulance
261	Air Ambulance
262	Bus
263	Taxi

(Continued)

Table N.1 – Provider Specialty

Code	Description
264	Common Carrier (Ambulatory)
265	Common Carrier (Non-Ambulatory)
266	Family Member
270	Endodontist
271	General Dentistry Practitioner
272	Oral Surgeon
273	Orthodontist
274	Pediatric Dentist
275	Periodontist
276	Pedodontist
277	Dental Prosthesis
280	Independent Lab
281	Mobile Lab
290	Freestanding X-ray Clinic
291	Mobile X-ray Clinic
300	Freestanding Renal Dialysis Clinic
310	Allergist
311	Anesthesiologist
312	Cardiologist
313	Cardiovascular Surgeon
314	Dermatologist
315	Emergency Medicine Practitioner
316	Family Practitioner
317	Gastroenterologist
318	General Practitioner
319	General Surgeon
320	Geriatric Practitioner
321	Hand Surgeon
322	Internist
323	Neonatologist
324	Nephrologist
325	Neurological Surgeon
326	Neurologist

(Continued)

Table N.1 – Provider Specialty

Code	Description
327	Nuclear Medicine Practitioner
328	OB/GYN
329	Oncologist
330	Ophthamologist
331	Orthopedic Surgeon
332	Otologist, Laryngologist, Rhinologist
333	Pathologist
334	Pediatric Surgeon
335	Pediatrician
336	Physical Medicine and Rehab Practitioner
337	Plastic Surgeon
338	Proctologist
339	Psychiatrist
340	Pulmonary Disease Specialist
341	Radiologist
342	Thoracic Surgeon
343	Urologist
344	General Internist
345	General Pediatrician
346	Dispensing Physician
350	Aged and Disabled Waiver
351	Autism Waiver
352	ICF/MR Developmentally Disabled Waiver
353	OBRA Home Care Based Services Waiver (phased into 352—1995)
354	Medically Fragile Children's Waiver
355	Non Billing Waiver Case Manager
356	Traumatic Brain Injury Waiver
357	Assisted Living Waiver
358	Adult Foster Care (Pending per IFSSA)
ALL	
Unknown	Note: This classification reports claims denied for reasons such as the billing provider is not on file, which does not have a provider specialty assigned.

Appendix O: Provider Type to Specialty Cross-Reference

Table O.1 – Provider Type to Specialty Cross-Reference

Provider Type		Provider Specialty	
01	Hospital	010	Acute Care Hospital
		011	Psychiatric Hospital
		012	Rehabilitation Hospital
02	Ambulatory Surgical Center	020	Ambulatory Surgical Center
03	Extended Care Facilities	030	Nursing Facilities
		031	ICF/MR
		032	Pediatric Nursing Facility
		033	Residential Care Facility
04	Rehabilitation Facility	040	Rehabilitation Facility
05	Home Health Agency	050	Home Health Agency
06	Hospice	060	Hospice
07	Capitation Provider	070	HMO
		071	PPO
		072	Prepaid Health Plan (PHP)
		073	Competitive Medical Plans (CMP)
08	Clinic	080	FQHC
		081	Rural Health Clinic (RHC)
		082	Medical Clinic
		083	Family Planning Clinic
		084	Nurse Practitioner Clinic
		085	Title V Clinic
		086	Dental Clinic
		087	Therapy Clinic
09	Advance Practice Nurse	090	Pediatric Nurse Practitioner
		091	Obstetric Nurse Practitioner
		092	Family Nurse Practitioner
		093	Nurse Practitioner (other)
		094	CRNA

(Continued)

Table O.1 – Provider Type to Specialty Cross-Reference

Provider Type		Provider Specialty	
		095	Certified Nurse Midwife
10	Mid-level Practitioner	100	Physician Assistant
		101	Anesthesiology Assistant
11	Mental Health Provider	110	Outpatient Mental Health Clinic
		111	Community Mental Health Center
		112	Psychologist
		113	Certified Psychologist
		114	Health Service Prov in Psych (HSPP)
		115	Certified Clinical Social Worker (MSW)
		116	Certified Social Worker
		117	Psychiatric Nurse
12	School Corporation	120	School Corporation
13	Public Health Agency	130	County Health Department
14	Podiatrist	140	Podiatrist
15	Chiropractor	150	Chiropractor
16	Nurse	160	Registered Nurse (RN)
		161	Licensed Practical Nurse (LPN)
		162	Registered Nurse Clinical (RNC)
17	Therapist	170	Physical Therapist
		171	Occupational Therapist
		172	Respiratory Therapist
		173	Speech/Hearing Therapist
18	Optometrist	180	Optometrist
19	Optician	190	Optician
20	Audiologist	200	Audiologist
21	Case Manager (Targeted)	210	Care Coordinator for Pregnant Women
		211	HIV Case Manager
		212	CSHCS Care Coordinator
22	Hearing Aid Dealer	220	Hearing Aid Dealer
23	Dietitian	230	Registered Dietitian
24	Pharmacy	240	Pharmacist

(Continued)

Table O.1 – Provider Type to Specialty Cross-Reference

Provider Type		Provider Specialty	
25	DME/Medical Supply Dealer	250	DME/Medical Supply Dealer
26	Transportation Provider	260	Ambulance
		261	Air Ambulance
		262	Bus
		263	Taxi
		264	Common Carrier (Ambulatory)
		265	Common Carrier (Non-Ambulatory)
		266	Family Member
27	Dentist	270	Endodontist
		271	General Dentistry Practitioner
		272	Oral Surgeon
		273	Orthodontist
		274	Pediatric Dentist
		275	Periodontist
		276	Pedodontist
		277	Prosthesis
28	Laboratory	280	Independent Lab
		281	Mobile Lab
29	Radiology Provider	290	Freestanding X-ray Clinic
		291	Mobile X-ray Clinic
30	End Stage Renal Disease Clinic	300	Freestanding Renal Dialysis Clinic
31	Physician	310	Allergist
		311	Anesthesiologist
		312	Cardiologist
		313	Cardiovascular Surgeon
		314	Dermatologist
		315	Emergency Medicine Practitioner
		316	Family Practitioner
		317	Gastroenterologist
		318	General Practitioner
		319	General Surgeon

(Continued)

Table O.1 – Provider Type to Specialty Cross-Reference

Provider Type			Provider Specialty
		320	Geriatric Practitioner
		321	Hand Surgeon
		322	Internist
		323	Neonatologist
		324	Nephrologist
		325	Neurological Surgeon
		326	Neurologist
		327	Nuclear Medicine Practitioner
		328	OB/GYN
		329	Oncologist
		330	Ophthamologist
		331	Orthopedic Surgeon
		332	Otologist, Laryngologist, Rhinologist
		333	Pathologist
		334	Pediatric Surgeon
		335	Pediatrician
		336	Physical Medicine and Rehab Practitioner
		337	Plastic Surgeon
		338	Proctologist
		339	Psychiatrist
		340	Pulmonary Disease Specialist
		341	Radiologist
		342	Thoracic Surgeon
		343	Urologist
		344	General Internist
		345	General Pediatrician
		346	Dispensing Physician
32	Waiver Provider	350	Aged and Disabled Waiver
		351	Autistic Waiver
		352	ICF/MR Developmentally Disabled Waiver
		353	OBRA Home Care Based Services Waiver

(Continued)

Table O.1 – Provider Type to Specialty Cross-Reference

Provider Type		Provider Specialty	
		354	Medically Fragile Children Waiver
		355	Non-Billing Waiver Case Manager
33	Non-Billing Waiver Case Manager	350	Aged and Disabled Waiver
		351	Autistic Waiver
		352	ICF/MR Developmentally Disabled Waiver
		353	OBRA Home Care Based Services Waiver (phased into 352—1995)
		354	Medically Fragile Children Waiver
		355	Non-Billing Waiver Case Manual
		356	Traumatic Brain Injury Waiver
		357	Assisted Living Waiver
		358	Adult Foster Care Waiver (Pending per IFSSA)

Appendix P: Claim Type

Table P.1 – Claim Type

Code	Description
A	UB-92 Inpatient Crossover Claims
B	HCFA-1500 Crossover Claims
C	UB-92 Outpatient Crossover Claims
D	Dental Claims
F	Financial
H	Home Health Claims
I	Inpatient Claims
L	Long Term Care Claims
M	HCFA-1500 Claims
O	Outpatient Claims
P	Pharmacy Claims
S	Shadow Claims

Appendix Q: Counts – MAR Reporting of Claims and Units

Table Q.1 – Counts – MAR Reporting of Claims and Units

Medical	
Number of Claims	Each detail line should be counted
Number of Units	Days or Units field from HCFA-1500
Inpatient	
Number of Claims	Each ICN should be counted
Number of Units	Days or the number of units for each revenue code billed
Outpatient	
Number of Claims	Each ICN should be counted
Number of Units	Service units from the UB-92 should be counted
Home Health	
Number of Claims	Each ICN should be counted
Number of Units	Service units from the UB-92 should be counted
Pharmacy	
Number of Claims	Each ICN should be counted
Number of Units	The quantity field from the drug claim should be counted
Dental	
Number of Claims	Each detail should be counted
Number of Units	Assume one (1) for each detail since there is no units field
Crossover – HCFA-1500	
Number of Claims	Each detail line should be counted
Number of Units	Days or Units field from HCFA-1500
Crossover – Institutional	
Number of Claims	Each ICN should be counted
Number of Units	Days or the number of units for each revenue code billed
Nursing Home (Long Term Care)	
Number of Claims	Each ICN should be counted
Number of Units	Days

Appendix R: County Codes

Table R.1 – County

Code	Description
01	Adams
02	Allen
03	Bartholomew
04	Benton
05	Blackford
06	Boone
07	Brown
08	Carroll
09	Cass
10	Clark
11	Clay
12	Clinton
13	Crawford
14	Daviess
15	Dearborn
16	Decatur
17	Dekalb
18	Delaware
19	Dubois
20	Elkhart
21	Fayette
22	Floyd
23	Fountain
24	Franklin
25	Fulton
26	Gibson
27	Grant
28	Greene
29	Hamilton
30	Hancock
31	Harrison

(Continued)

Table R.1 – County

Code	Description
32	Hendricks
33	Henry
34	Howard
35	Huntington
36	Jackson
37	Jasper
38	Jay
39	Jefferson
40	Jennings
41	Johnson
42	Knox
43	Kosciusko
44	LaGrange
45	Lake
46	Laporte
47	Lawrence
48	Madison
49	Marion
50	Marshall
51	Martin
52	Miami
53	Monroe
54	Montgomery
55	Morgan
56	Newton
57	Noble
58	Ohio
59	Orange
60	Owen
61	Parke
62	Perry
63	Pike

(Continued)

Table R.1 – County

Code	Description
64	Porter
65	Posey
66	Pulaski
67	Putnam
68	Randolph
69	Ripley
70	Rush
71	St. Joseph
72	Scott
73	Shelby
74	Spencer
75	Starke
76	Steuben
77	Sullivan
78	Switzerland
79	Tippecanoe
80	Tipton
81	Union
82	Vanderburgh
83	Vermillion
84	Vigo
85	Wabash
86	Warren
87	Warrick
88	Washington
89	Wayne
90	Wells
91	White
92	Whitley
94	IFSSA
95	Out-of-State Ward of Court
96	Out-of-State

Appendix S: Level of Care for Long Term Care Codes

Table S.1 – Level of Care for Long Term Care

Code	Description
01	Skilled (SNF)
02	Intermediate (ICF)
03	Group Home (ICF/MR)
04	Ventilator Dependent
05	Traumatic Brain Injury (TBI)
06	Super Skilled
07	Burn Treatment
08	Rehabilitation
09	Psychiatric
10	Miscellaneous Surgery
11	Skilled (HIV-AIDS)
20	Nursing Facility
22	Intermediate (HIV-AIDS)

Appendix T:Level of Care for Waiver Programs Codes

Table T.1 – Level of Care for Waiver Programs

Code	Description
A00	Aged and Disabled Waiver: Diverted, HCBS Waiver Effective 7/1/90
A50	Aged and Disabled Waiver: Deinstitutionalized, HCBS Waiver Effective 7/1/90
B00	Assisted Living/Adult Foster Care Waiver: Diverted, HCBS Waiver Effective 7/1/01
B50	Assisted Living/Adult Foster Care Waiver: Deinstitutionalized, HCBS Waiver Effective 7/1/01
I	Intermediate Care
J	Medically Fragile Children; Diverted – Hospital; Effective 7/1/92
K10	TBT Waiver: Diverted-NF LOC (from in-state placement); Effective 1/1/00
K11	TBI Waiver: Diverted-ICF/MR LOC (from in-state placement); Effective 1/1/00
K12	TBI Waiver: Diverted-Hospital LOC (from in-state placement); Effective 1/1/00
L10	TBT Waiver Deinstitutionalized-NF LOC (from in-state placement); Effective 1/1/00
L11	TBI Waiver: Deinstitutionalized-ICF/MR LOC (from in-state placement); Effective 1/1/00
L12	TBI Waiver: Deinstitutionalized-Hospital LOC (from in-state placement); Effective 1/1/00
L20	TBI Waiver: Deintitutionalized-NF LOC (from out-of-state placement); Effective 1/1/00
L21	TBI Waiver: Deinstitutionalized-ICF/MR LOC (from out-of-state placement); Effective 1/1/00
L22	TBI Waiver: Deinstitutionalized-Hospital LOC (from out-of-state placement); Effective 1/1/00
M	Intermediate Care Level; Deinstitutionalized, (Code Ineffective 9/1/90)
N	Nursing Facility Care Services (Case Mix Effective 10/1/98)
P	Autistic Waiver, Diverted Effective 7/1/90
Q	Autistic Waiver, Deinstitutionalized Effective 7/1/90
R	Rehabilitation Care
S	Skilled Care
T	Developmentally Disabled HCBS Waiver; Diverted
T01	DD HCBS Waiver: Diverted-317 Funding Priority Waiver slot; Effective 7/1/99
T02	DD HCBS Waiver: Diverted-317 General Funding (Non-priority slot); Effective 7/1/99

(Continued)

Table T.1 – Level of Care for Waiver Programs

Code	Description
U00	DD HCBS Waiver: Deinstitutionalized from Non-state Facility; Effective 5/1/92
U01	DD HCBS Waiver: Deinstitutionalized from Non-state Facility-317 Funding Priority Waiver slot; Effective 7/1/99
U02	DD HCBS Waiver: Deinstitutionalized from Non-state Facility-317 General Funding (Non-priority slot); Effective 7/1/99
U10	DD HCBS Waiver: Conversion Group Home (Small Private)
U20	DD HCBS Waiver: Conversion Res-Care (Large Private)
U21	DD HCBS Waiver: Conversion SVNH (Large Private)
U22	DD HCBS Waiver: Conversion Arcadia (Large Private)
U23	DD HCBS Waiver: Conversion Holy Cross Living Center (Large Private)
U24	DD HCBS Waiver: Conversion Knox Co. ARC (Large Private)
U25	DD HCBS Waiver: Conversion Millers Merry Manor (Large Private)
U26	DD HCBS Waiver: Conversion New Horizon Dev Cntr (Large Private)
U27	DD HCBS Waiver: Conversion Normal Life of Indiana (Large Private)
U28	DD HCBS Waiver: Conversion North Willow Center (Large Private)
U29	DD HCBS Waiver: Cascade due to Non-State Facility Conversion
U30	DD HCBS Waiver: Conversion Oak Meadows Learning Cntr (Large Private)
U31	DD HCBS Waiver: Conversion Procare Developmental Cntr (Large Private)
U32	DD HCBS Waiver: Conversion Riverbend Learning Center (Large Private)
V00	DD HCBS Waiver: Deinstitutionalized from State Facility Effective 5/1/92
V01	DD HCBS Waiver: Deinst from State Facility-317 Funding Priority Wvr slot; Eff 7/1/99
V20	DD HCBS Waiver: Conversion Central State Hospital
V21	DD HCBS Waiver: Conversion NCSDC; Effective 7/1/96
V22	DD HCBS Waiver: Conversion NISDC; Effective 7/1/96
V23	DD HCBS Waiver: Conversion FWSDC; Effective 7/1/96
V24	DD HCBS Waiver: Conversion MSDC; Effective 7/1/96
V25	DD HCBS Waiver: Conversion Evansville SH/DTU; Effective 7/1/96
V26	DD HCBS Waiver: Conversion Madison/Gold; Effective 7/1/96
V27	DD HCBS Waiver: Conversion Logansport JEU; Effective 7/1/96
V29	DD HCBS Waiver: Cascade due to State Facility Conversion
W	DD HCBS Waiver: Deinst from Nursing Facility; Effective 5/1/92

(Continued)

Table T.1 – Level of Care for Waiver Programs

Code	Description
W01	DD HCBS Waiver: Deinst from Nursing Facility-317 Funding Priority Waiver slot; Effective 7/1/99
X	Medically Fragile Children; Deinstitutionalized – Hospital Effective 7/1/92
Y	Medically Fragile Children; Diverted – Nursing Facility Skilled Care Effective 7/1/92
Z	Medically Fragile Children; Deinstitutionalized – Nursing Facility Skilled Care Effective 7/1/92
I10	General Intermediate Care in NF
I11	MR/DD Specialized Intermediate Care in ICF/MR
I20	ICF/MR
S10	General Skilled Care in NF (default)
S11	MR/DD Specialized Skilled Care in NF
S12	Vent Skilled Care Unit in NF
S13	AIDS Skilled Care Unit in NF
S14	TBI Skilled Care Unit in NF
S15	Extensive Skilled Care Unit in NF

Appendix U: Location (Place) of Service Codes

Table U.1 – Location (Place) of Service

Code	Description
11	Office
12	Home
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room
24	Ambulatory Surgical Center
25	Birthing Center
26	Military Treatment Facility
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
41	Ambulance – Land
42	Ambulance Air or Water
51	Inpatient Psychiatric Facility
52	Psychiatric Facility Partial Hospitalization
53	Community Mental Health Center
54	Intermediate Care Facility/Mentally Retarded
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center
61	Comprehensive Inpatient Rehabilitation Facility
62	Comprehensive Outpatient Rehabilitation Facility
65	End Stage Renal Disease Treatment Facility
71	State or Local Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory
99	Other Unlisted Facility

Appendix V: Maintenance Assistant Status Codes

Table V.1 – Maintenance Assistant Status Codes

Code	Description
0	Not eligible for Medicaid
1	Categorically Needy, Receiving Federal Cash Assistance
2	Categorically Needy, Not Receiving Federal Cash Assistance
3	Medically Needy
4	Other Coverage Groups created by Legislation Effective Prior to 1988
5	Coverage Groups created by MCCA of 1988 and Later Legislation
9	Status Unknown

Table V.2 – Maintenance Assistance Status Codes Effective Federal Fiscal Year 1997

Code	Description
1	Receiving Cash Assistance
2	Medically Needy
3	Poverty Related
4	Other

Appendix W: Basis of Eligibility Codes Effective Federal Fiscal Year 1997

Table W.1 – Basis of Eligibility Codes Effective Federal Fiscal Year 1997

Code	Description
1	Aged
2	Blind / Disabled
4	AFDC or Poverty Child
5	AFDC or Poverty Adult
6	AFDC, U Child
7	AFDC, U Adult
8	Foster Care Child
BOE=A	An individual covered under the Breast and Cervical Cancer Prevention and Treatment Act of 2000

Appendix X: MAS/BOE Conversion – ICES to Federal

Table X.1 – MAS/BOE Conversion – ICES to Federal

Aid	Money Grant	Age	MAS	BOE
MA A	Y		1	1
MA A	N or Blank		4	1
MA B	Y		1	2
MA B	N or Blank		4	2
MA C	Y	00-20	1	4
MA C	Y			
MA C	Y			
MA C		00-20	1	6
MA C	N or Blank	00-20	4	4
MA C	N or Blank	21-64	4	5
MA D	Y		1	2
MA D	N or Blank		4	2
MA DI	Y		1	2
MA DI	N or Blank		4	2
MA DW	Y		1	2
MA DW	N or Blank		4	2
MA E			3	5
MA E			4	5
MA F	Y	00-20	4	4
MA F	Y	21-64	4	5
MA F	Y			
MA F	N or Blank	00-20	4	4
MA F	N or Blank	21-64	4	5
MA G	Y		3	2
MA G	N or Blank			
MA H	Y	00-20	4	4
MA H	Y			
MA H	Y			
MA H	N or Blank	00-20	4	4

(Continued)

Table X.1 – MAS/BOE Conversion – ICES to Federal

Aid	Money Grant	Age	MAS	BOE
MA H	N or Blank			
MA J	Y	00-64	3	2
MA J	N or Blank	65 & >	3	1
MA L		00-64	3	2
MA L		65 & >	3	1
MA M			4	5
MA N			3	5
MA O	Y		4	4
MA O	Y			
MA O	N or Blank			
MA P			N/A	
MA Q	Y		N/A	
MA Q	Y		N/A	
MA Q	Y		N/A	
MA Q	N or Blank		N/A	
MA Q	N or Blank		N/A	
MA R		00-64	1	2
MA R		65 & >	1	1
MA S	Y	00-20	4	4
MA S	Y	21-64	4	5
MA S	Y			
MA S	N or Blank	00-20	4	4
MA S	N or Blank	21-64	4	5
MA T	Y	00-20	4	4
MA T	Y			
MA T	N or Blank			
MA U	Y	00-64	1	2
MA U	Y	65 & >	4	1
MA U	Y	00-64	4	2
MA U	N or Blank			
MA U	N or Blank			
MA X			4	4

(Continued)

Table X.1 – MAS/BOE Conversion – ICES to Federal

Aid	Money Grant	Age	MAS	BOE
MA Y			3	4
MA Z			3	4
MA 1			4	4
MA 2			3	4
MA 3			4	4
MA 4	Y		4	8
MA 4	Y			
MA 4	N or Blank			
MA 5	Y		N/A	
MA 5	N or Blank		N/A	
MA 6	Y		N/A	
MA 6	N or Blank		N/A	
MA 7	Y		N/A	
MA 7	N or Blank		N/A	
MA 8	Y		4	4
MA 8	Y		4	8
MA 8	N or Blank			
MA 12	Y		3	A
MA 12	N or Blank		3	A

Federal Aid Category – Aged

When the ICES category indicates a Federal Aged eligibility category, access the Money Grant Indicator on the recipient table. If the Money Grant Indicator is **Y** (Yes), set the Maintenance Assistance Code to **1** (Receiving Cash Assistance). If the Money Grant indicator is **N** or blank, set the Maintenance Assistance Code to **4** (Other).

Exceptions

If the ICES category is RBA-related (MA R age 65+ or MA RP age 65+), set the maintenance Assistance Code to **1** (Receiving Cash Assistance).

If the ICES category is QMB-related (MA L age 65+ or MA LP age 65+) set the Maintenance Assistance Code to a **3** (Poverty Related).

Federal Aid Category – Blind/Disabled

When the ICES category indicates a Federal Blind eligibility category, access the Money Grant Indicator on the recipient table. If the Money Grant Indicator is **Y** (Yes), set the Maintenance Assistance Code to **1** (Categorically Needy Receiving Federal Assistance). If the Money Grant indicator is **N** or blank, set the Maintenance Assistance Code to **2** (Categorically Needy, Not Receiving Federal Cash Assistance).

Federal Aid Category – Children in AFDC

Age 0-20 Only

When the ICES category indicates a Federal Children in AFDC category and the age of the recipient is less than one year to 17 years, access the Money Grant indicator. If the Money Grant Indicator is **Y** (Yes), set the Maintenance Assistance Code to **1** (Categorically Needy Receiving Federal Assistance). If the Money Grant indicator is **N** or blank, set the Maintenance Assistance Code to **2** (Categorically Needy, Not Receiving Federal Cash Assistance). If the child's age is 18-20 years, regardless of the Money Grant indicator, set the Maintenance Assistance Code to **2** (Categorically Needy, Not Receiving Federal Cash Assistance).

Exceptions

If the ICES category indicates a Newborn (MA X) set the Maintenance Assistance Code to **2** (Categorically Needy, Not Receiving Federal Cash Assistance).

If the ICES category indicates a Ward (MA 3, MA 3P) or Medicaid for children less than six years old (MA Z, MA ZP) set the Maintenance Assistance Code to a **4** (Other Coverage Groups created by Legislation Effective Prior to 1988).

If the ICES category indicates Children Under 19 (MA 1, MA 2, MA Y, MA1P, MA 2P, MA YP) set the Maintenance Assistance Code to **2** (Categorically Needy, Not Receiving Federal Cash Assistance).

Federal Aid Category – Adults in AFDC

Age 21-64 Only

When the ICES category indicates a Federal Adult in AFDC category, access the Money Grant indicator. If the Money Grant Indicator is **Y** (Yes), set the Maintenance Assistance Code to **1** (Categorically Needy Receiving Federal Assistance). If the Money Grant indicator is **N** or blank, set the Maintenance Assistance Code to **2** (Categorically Needy, Not Receiving Federal Cash Assistance).

Exceptions

If the ICES category indicates a SOBRA Adult (MA N, MA P, MA NP, MA PP), set the Maintenance Assistance Code to **4** (Other Coverage Groups created by Legislation Effective Prior to 1988).

If the ICES category indicates a Medicaid for Pregnant Women, (MA E, MA M, MA MP) set the Maintenance Assistance Code to **2** (Categorically Needy, Not Receiving Federal Cash Assistance).

Appendix Y: Mental Health Codes

Table Y.1 – Mental Health Code

Code	Description
X3040	Outpatient Diagnostic Assessments
X3041	Outpatient Prehospital Screening
X3042	Individual Counseling Psychotherapy
X3043	Conjoint Counseling/Psychotherapy
X3044	Family Counseling/Psychotherapy
X3045	Group Counseling/Psychotherapy
X3046	Crisis Intervention
X3047	Medication/Somatic Treatment
X3048	Train Activities Daily Living Individual
X3049	Partial Hospitalization Services
X3050	Case Management Services
W9082	Train Activities Daily Living Group

Appendix Z: Non Claim Specific Financial Transaction Reason Codes

Table Z.1 – Non Claim Specific Financial Transaction Reason Code

Code	Non-Claim Provider Refund
8220	Non Claim Specific Refund – TPL (other health Insurance) related
8221	Non Claim Specific Refund – TPL (Medicare related)
8222	Non Claim Specific Refund – TPL (special projects)
8223	Non Claim Specific Refund – SURS
8225-8228	**Reserved for future use**
8229	Non Claim Specific Refund – Misc
	Expenditures/Cash
8300	Provider payout – system generated
8301	Provider payout – manual check
8302	Provider payout – over refund (sys)
8303	Provider payout – over refund (man)
8306	**Reserved for future use**
8307	Provider Payout – manual check (balance of stop paid check applied to A/R)
8308-8319	**Reserved for future use**
8320	Other entity payout – outside AIM
8321-8399	**Reserved for future use**
Note: Payout reasons for TPL related functions will be defined in the TPL Account Receivable Deliverable	

Appendix AA: Region Codes

Table AA.1 – Region Codes

Code	Description
10	Paper claims with no attachments
11	Paper claims with attachments
12	CCF
15	Paper claims with no provider ID
20	Electronic claims with no attachments
21	Electronic claims with attachments
22	Shadow Claims
23	Electronic crossover claims using Provider Electronic Solutions
25	Point of service claims
26	Point of service claims with attachments
33	To be defined
40	Claims converted from old MMIS
41	590 claims converted from old MMIS
45	Adjustments converted from old MMIS
46	590 adjustments converted from old MMIS
47	Converted credits
48	Converted voids
49	Recipient linking claims
50	Adjustments – Non-check related
51	Adjustments – Check-related
52	Shadow claim adjustments
53	Shadow claim adjutments
54	Mass adjustments – Void transaction
55	Mass adjustments – Nursing home
56	Mass adjustments – Financial
57	Mass adjustments – Reprocessed by EDS system engineers
58	Adjustments – Processed by EDS system engineers
59	POS reversal adjustment
60	Non-claim specific financial transactions
70	HMO capitation /HMO
80	Claims reprocessed by EDS system engineers
90	Special projects
99	Converted claim with duplicate ICN

Appendix BB: Therapeutic Class Codes

Table BB.1 – Therapeutic Class

Code	Description
00:00.00	AHFS Category Unknown
04:00.00	Antihistamine Drugs
08:00.00	Anti-Infective Agents
08:04.00	Amebicides
08:08.00	Anthelmintics
08:12.00	Antibiotics
08:12.02	Aminoglycosides
08:12.04	Antifungal Antibiotics
08:12.06	Cephalosporins
08:12.07	Miscellaneous B-Lactam Antibiotics
08:12.08	Chloramphenicol
08:12.12	Macrolides
08:12.16	Penicillins
08:12.24	Tetracyclines
08:12.28	Miscellaneous Antibiotics
08:16.00	Antituberculosis Agents
08:18.00	Antivirals
08:20.00	Antimalarial Agents
08:22.00	Quinolones
08:24.00	Sulfonamides
08:26.00	Sulfones
08:28.00	Antitreponemal Agents
08:32.00	Antitrichomonal Agents
08:36.00	Urinary Anti-Infectives
08:40.00	Miscellaneous Anti-Infectives
10:00.00	Antineoplastic Agents
12:00.00	Autonomic Drugs
12:04.00	Parasympathomimetic (Cholinergic Agents)
12:08.00	Anticholinergic Agents
12:08.04	Antiparkinsonian Agents
12:08.08	Antimuscarinics/Antispasmodics

(Continued)

Table BB.1 – Therapeutic Class

Code		Description
12:12.00		Sympathomimetic (Adrenergic) Agents
12:16.00		Sympatholytic Adrenergic Blocking Agents
12:20.00		Skeletal Muscle Relaxants
12:92.00		Miscellaneous Autonomic Drugs
16:00.00	Blood Derivatives	
20:00.00	Blood Formation and Coagulation	
20:04.00		Antianemia Drugs
20:04.04		Iron Preparations
20:04.08		Liver and Stomach Preparations
20:12.00		Coagulants and Anticoagulants
20:12.04		Anticoagulants
20:12.08		Antiheparin Agents
20:12.12		Coagulants
20:12.16		Hemostatics
20:16.00		Hematopoietic Agents
20:24.00		Hemorrheologic Agents
20:40.00		Thrombolytic Agents
24:00.00	Cardiovascular Drugs	
24:04.00		Cardiac Drugs
24:06.00		Antilipemic Agents
24:08.00		Hypotensive Agents
24:12.00		Vasodilating Agents
24:16.00		Sclerosing Agents
28:00.00	Central Nervous System Drugs	
28:04.00		General Anesthetics
28:08.00		Analgesics and Antipyretics
28:08.04		Nonsteroidal Anti-Inflammatory Agents
28:08.08		Opiate Agonists
28:08.12		Opiate Partial Agonists
28:08.92		Miscellaneous Analgesics and Antipyretics
28:10.00		Opiate Antagonists
28:12.00		Anticonvulsants

(Continued)

Table BB.1 – Therapeutic Class

Code	Description
28:12.04	Barbiturates
28:12.08	Benzodiazepines
28:12.12	Hydantoins
28:12.16	Oxazolidinediones
28:12.20	Succinimides
28:12.92	Miscellaneous Anticonvulsants
28:16.00	Psychotherapeutic Agents
28:16.04	Antidepressants
28:16.08	Tranquilizers
28:16.12	Miscellaneous Psychotherapeutic Agents
28:20.00	Respiratory and Cerebral Stimulants
28:24.00	Anxiolytics, Sedatives and Hypnotics
28:24.04	Barbiturates
28:24.08	Benzodiazepines
28:24.92	Misc. Anxiolytics, Sedatives and Hypnotics
28:28.00	Antimanic Agents
32:00.00	Contraceptives (e.g. Foams, Devices)
34:00.00	Dental Agents
36:00.00	Diagnostic Agents
36:04.00	Adrenocortical Insufficiency
36:08.00	Amyloidosis
36:12.00	Blood Volume
36:16.00	Brucellosis
36:18.00	Cardiac Function
36:24.00	Circulation Time
36:26.00	Diabetes Mellitus
36:28.00	Diphtheria
36:30.00	Drug Hypersensitivity
36:32.00	Fungi
36:34.00	Gallbladder Function
36:36.00	Gastric Function
36:38.00	Intestinal Absorption

(Continued)

Table BB.1 – Therapeutic Class

Code	Description
36:40.00	Kidney Function
36:44.00	Liver Function
36:48.00	Lymphogranuloma Venereum
36:52.00	Mumps
36:56.00	Myasthenia Gravis
36:60.00	Thyroid Function
36:61.00	Pancreatic Function
36:62.00	Phenylketonuria
36:64.00	Pheochromocytoma
36:66.00	Pituitary Function
36:68.00	Roentgenography
36:72.00	Scarlet Fever
36:76.00	Sweating
36:80.00	Trichinosis
36:84.00	Tuberculosis
36:88.00	Urine and Feces Contents
36:88.12	Ketones
36:88.20	Occult Blood
36:88.24	Ph
36:88.28	Protein
36:88.40	Sugar
38:00.00	Disinfectants (for Non-Dermatologic Use)
40:00.00	Electrolytic, Caloric, and Water Balance
40:04.00	Acidifying Agents
40:08.00	Alkalinizing Agents
40:10.00	Ammonia Detoxicants
40:12.00	Replacement Preparations
40:16.00	Sodium-Removing Resins
40:17.00	Calcium-Removing Resins
40:18.00	Potassium-Removing Resins
40:20.00	Caloric Agents
40:24.00	Salt and Sugar Substitutes

(Continued)

Table BB.1 – Therapeutic Class

Code	Description
40:28.00	Diuretics
40:28.10	Potassium Sparing Diuretics
40:36.00	Irrigating Solutions
40:40.00	Uricosuric Agents
44:00.00	Enzymes
48:00.00	Antitussives, Expects. and Mucyolytic Agents
48:08.00	Antitussives
48:16.00	Expectorants
48:24.00	Mucolytic Agents
52:00.00	Eye, Ear, Nose and Throat (EENT) Preps.
52:04.00	Anti-Infectives
52:04.04	Antibiotics
52:04.05	Antifungals
52:04.06	Antivirals
52:04.08	Sulfonamides
52:04.12	Miscellaneous Anti-Infectives
52:08.00	Anti-Inflammatory Agents
52:10.00	Carbonic Anhydrase Inhibitors
52:12.00	Contact Lens Solutions
52:16.00	Local Anesthetics
52:20.00	Miotics
52:24.00	Mydriatics
52:28.00	Mouthwashes and Gargles
52:32.00	Vasoconstrictors
52:36.00	Miscellaneous EENT Drugs
56:00.00	Gastrointestinal Drugs
56:04.00	Antacids and Adsorbents
56:08.00	Antidiarrhea Agents
56:10.00	Antiflatulents
56:12.00	Cathartics and Laxatives
56:14.00	Cholelitholytic Agents
56:16.00	Digestants

(Continued)

Table BB.1 – Therapeutic Class

Code	Description
56:20.00	Emetics
56:22.00	Antiemetics
56:24.00	Lipotropic Agents
56:40.00	Miscellaneous GI Drugs
60:00.00	Gold Compounds
64:00.00	Heavy Metal Antagonists
68:00.00	Hormones and Synthetic Substitutes
68:04.00	Adrenals
68:08.00	Androgens
68:12.00	Contraceptives
68:16.00	Estrogens
68:18.00	Gonadotropins
68:20.00	Antidiabetic Agents
68:20.08	Insulins
68:20.20	Sulfonylureas
68:20.92	Miscellaneous Antidiabetic Agents
68:24.00	Parathyroid
68:28.00	Pituitary
68:32.00	Progestins
68:34.00	Other Corpus Luteum Hormones
68:36.00	Thyroid and Antithyroid Agents
68:36.04	Thyroid Agents
68:36.08	Antithyroid Agents
72:00.00	Local Anesthetics
76:00.00	Oxytocics
78:00.00	Radioactive Agents
80:00.00	Serums, Toxoids and Vaccines
80:04.00	Serums
80:08.00	Toxoids
80:12.00	Vaccines
84:00.00	Skin and Mucous Membrane Agents
84:04.00	Anti-Infectives

(Continued)

Table BB.1 – Therapeutic Class

Code	Description		
84:04.04			Antibiotics
84:04.06			Antivirals
84:04.08			Antifungals
84:04.12			Scabicides and Pediculicides
84:04.16			Miscellaneous Local Anti-Infectives
84:06.00		Anti-Inflammatory Agents	
84:08.00		Antipruritics and Local Anesthetics	
84:12.00		Astringents	
84:16.00		Cell Stimulants and Proliferants	
84:20.00		Detergents	
84:24.00		Emollients, Demulcents and Protectants	
84:24.04			Basic Lotions and Liniments
84:24.08			Basic Oils and Other Solvents
84:24.12			Basic Ointments and Protectants
84:24.16			Basic Powders and Demulcents
84:28.00		Keratolytic Agents	
84:32.00		Keratoplastic Agents	
84:36.00		Miscel. Skin and Mucous Membrane Agents	
84:50.00		Depigmenting And Pigmenting Agents	
84:50.04			Depigmenting Agents
84:50.06			Pigmenting Agents
84:80.00		Sunscreen Agents	
86:00.00	Smooth Muscle Relaxants		
86:08.00		Gastrointestinal Smooth Muscle Relaxants	
86:12.00		Genitourinary Smooth Muscle Relaxants	
86:16.00		Respiratory Smooth Muscle Relaxants	
88:00.00	Vitamins		
88:04.00		Vitamin A	
88:08.00		Vitamin B Complex	
88:12.00		Vitamin C	
88:16.00		Vitamin D	
88:20.00		Vitamin E	

(Continued)

Table BB.1 – Therapeutic Class

Code	Description
88:24.00	Vitamin K Activity
88:28.00	Multivitamin Preparations
92:00.00	Unclassified Therapeutic Agents
94:00.00	Devices
96:00.00	Pharmaceutical Aids
ALL	All

Appendix CC:Indiana MAR Windows to MAR Summary Tables Cross-Reference

Table CC.1 – Indiana MAR Windows to MAR Summary Tables Cross-Reference

Window	Program Name	MAR Summary Tables Used
Provider Ranking – To Date Totals	w_388td_prov_rank_td_tot	T_MR_PROVIDER
Provider Error Code Analysis	w_382err_prov_err_cde_anly	T_MR_ERROR
Provider Participation – Historical Averages	w_384havg_prov_part_hist_avg	T_MR_PR_TYP, T_MR_PR_TYP_RE, T_MR_PR_TYP_SAK, T_MR_PROVIDER_PR
Provider Participation – Historical	w_384hist_prov_part_hist	T_MR_PR_TYP, T_MR_PR_TYP_RE, T_MR_PR_TYP_SAK, T_MR_PROVIDER_PR, T_MR_PROV_ENROLLED
Provider Participation – To Date Totals	w_384td_prov_td_tot	T_MR_PR_TYP, T_MR_PR_TYP_RE, T_MR_PR_TYP_SAK, T_MR_PROVIDER_PR, T_MR_PROV_ENROLLED
Provider Participation – To Date Averages	w_384tda_prov_td_avg	T_MR_PR_TYP, T_MR_PR_TYP_RE, T_MR_PR_TYP_SAK, T_MR_PROVIDER_PR
Provider Filing Analysis	w_385_prov_fl_anly	T_MR_PROV_PERFORM
Provider Filing Analysis – 6 Month Averages	w_3856mo_prov_fl_anly_6_mn_avg	T_MR_PROV_PERFORM
Provider Ranking	w_388_prov_rank	T_MR_PROVIDER
Provider Error Analysis	w_382_prov_err_anly	T_MR_PROVIDER
Waiver Expenditures	w_waiver	T_MR_WAIVER, T_MR_WAIVER_RE, T_MR_WAIVER_SAK
Waiver Expenditures To Date	w_waiver_to_date	T_MR_WAIVER, T_MR_WAIVER_RE, T_MR_WAIVER_SAK
Third Party Payment Analysis	w_387_tpl_anly	T_MR_TPL

(Continued)

Table CC.1 – Indiana MAR Windows to MAR Summary Tables Cross-Reference

Window	Program Name	MAR Summary Tables Used
Third Party Payment Analysis To Date	w_387td_tpl_anly	T_MR_TPL
County Participation Analysis – Monthly by Category of Service	w_484rm_cty_part_anly_mn_cos	T_RE_CNTY, T_RE_CNTY_RE, T_RE_CNTY_SAK, T_MR_ELIGIBLES
Provider Financial Participation by County	w_484p_cty_prov_part	T_MR_PR_CNTY, T_MR_PROVIDER_RE, T_MR_PROVIDER_SAK, T_MR_PROVIDER_PR, T_MR_PROV_SAK_PR, T_MR_PROV_ENROLLED
County Participation Analysis – Monthly by Aid Category	w_484rm_cty_part_anly_mn	T_MR_RE_CNTY, T_MR_RE_CNTY_RE, T_MR_RE_CNTY_SAK, T_MR_ELIGIBLES
County Participation Analysis – To Date by Aid Category	w_484rtd_cty_part_anly_td	T_MR_RE_CNTY, T_MR_RE_CNTY_RE, T_MR_RE_CNTY_SAK, T_MR_ELIGIBLES
County Participation Analysis – To Date by Category of Service	w_484rtd_cty_part_anly_td_cos	T_RE_CNTY, T_RE_CNTY_RE, T_MR_RE_CNTY_SAK, T_MR_ELIGIBLES
Recipients Participation Summary	w_487_recpt_part_sum	T_MR_AID_SVC, T_MR_AID_SVC_RE, T_MR_AID_SVC_SAK, T_MR_ELIGIBLES
Recipients Participation Projection	w_487a_recip_proj	T_MR_LOCATION, T_MR_LOCATION_RE, T_MR_LOCATION_SAK
Recipients AFDC-UP Activity	w_afdc_up_activity	T_MR_RE_ACT, T_MR_RE_ACT_RE, T_MR_RE_ACT_SAK, T_MR_ELIGIBLES
Recipients FQHC Activity	w_fqhc_activity	T_MR_PROCED_CDE
Category of Service and Location Analysis	w_location	T_MR_LOCATION, T_MR_LOCATION_RE, T_MR_LOCATION_SAK

(Continued)

Table CC.1 – Indiana MAR Windows to MAR Summary Tables Cross-Reference

Window	Program Name	MAR Summary Tables Used
Category of Service and Location Analysis To Date	w_location_td	T_MR_LOCATION, T_MR_LOCATION_RE, T_MR_LOCATION_SAK
Mental Health Rehabilitation	w_mental_health	T_MR_PROCED_CDE, T_MR_PROCED_CDE_RE, T_MR_PROCED_CDE_SAK
Recipients Copayment	w_recip_copay	T_MR_COPAY
Recipients Sobra/Defra Activity	w_sobra_defra_activity	T_MR_RE_ACT, T_MR_RE_ACT_RE, T_MR_RE_ACT_SAK
Recipients Wards Activity	w_wards_activity	T_MR_RE_ACT, T_MR_RE_ACT_RE, T_MR_RE_ACT_SAK
HCFA-2082 – Sections A and B	w_2082ab_pmt	T_MR_2082ABCD
HCFA-2082 – Sections G and H – Age	w_2082cd_age	T_MR_2082ABCD
HCFA-2082 – Sections G and H – Ethnic	w_2082cd_ethnic	T_MR_2082ABCD
HCFA-2082 – Sections G and H – Sex	w_2082cd_sex	T_MR_2082ABCD
HCFA-2082 – Section E	w_2082e_recip_cnt	T_MR_2082E
HCFA-2082 – Section F	w_2082f_undup_recip_cnt	T_MR_2082FGH
HCFA-2082 – Section G	w_2082g_undup_recip_nurs	T_MR_2082FGH
HCFA-2082 – Section H	w_2082h_recip_inter_cnt	T_MR_2082FGH
HCFA-2082 – Section I	w_2082i_phys_rural	T_MR_2082I
HCFA-2082 – Section J	w_2082j_aged_disabled	T_MR_2082J, T_MR_2082J_COIN_RE, T_MR_2082J_DED_RE, T_MR_2082J_SAK
Long Term Care Payments	w_310_ltc_pmt	T_MR_LTC, T_MR_LTC_RE, T_MR_LTC_SAK
Long Term Care Payments To Date	w_310_ltc_pmt_td	T_MR_LTC, T_MR_LTC_RE, T_MR_LTC_SAK
Long Term Care Leave Days	w_310_ltc_leave	T_MR_LTC
Long Term Care Leave Days To Date	w_310_ltc_leave_td	T_MR_LTC

(Continued)

Table CC.1 – Indiana MAR Windows to MAR Summary Tables Cross-Reference

Window	Program Name	MAR Summary Tables Used
Medicare Participation: Part A	w_485a_med_part_a	T_MR_XOVER, T_MR_ELIGIBLES
Medicare Participation: Part A and B	w_485ab_med_part_ab	T_MR_XOVER, T_MR_ELIGIBLES
Medicare Participation: Part B	w_485b_med_part_b	T_MR_XOVER, T_MR_ELIGIBLES
Drug Usage – Rank by Usage	w_782_drug_rank_usage	T_MR_DRUG, T_MR_DRUG_RE, T_MR_DRUG_SAK
Drug Usage – Rank by Usage To Date	w_782_drug_rank_usage_td	T_MR_DRUG, T_MR_DRUG_RE, T_MR_DRUG_SAK
Drug Usage – Rank by Usage – Compound Drugs	w_372_drug_compound	T_MR_DRUG, T_MR_DRUG_RE, T_MR_DRUG_SAK
Drug Usage – Rank by Usage To Date – Compound Drug	w_372_drug_compound_td	T_MR_DRUG, T_MR_DRUG_RE, T_MR_DRUG_SAK
Budget Analysis	w_budg	T_MR_BUDGET
Care Coordination for Pregnant Women	w_care_coord	T_MR_PROCED_CDE, T_MR_PROCED_CDE_RE, T_MR_PROCED_CDE_SAK
Disproportionate Share Hospital	w_231_dispro_hosp	T_MR_DISP_SHARE
Claim Payment Statistics – Provider Type	w_101b_cl_pmt_stat_pt	T_MR_PR_CL_TYP
Claim Payment Statistics To Date – Provider Type	w_101btd_cl_pmt_stat_pt	T_MR_PR_CL_TYP
Claim Payment Statistics – Category of Service	w_101c_cl_pmt_stat_cos	T_MR_COS
Claim Payment Statistics To Date – Category of Service	w_101ctd_cl_pmt_stat_cos	T_MR_COS
Claims Processing Throughput Analysis – Receipt to Adjudication	w_381_ops_thru_put_anly_adj	T_MR_THROUGHPUT
Claims Processing Throughput Analysis – Receipt to Paid	w_381_ops_thru_put_anly_paid	T_MR_THROUGHPUT

(Continued)

Table CC.1 – Indiana MAR Windows to MAR Summary Tables Cross-Reference

Window	Program Name	MAR Summary Tables Used
Financial Summary	w_482_fin_sum	T_MR_AID_SVC
Financial Summary – To Date	w_482td_fin_sum_td	T_MR_AID_SVC
Expenditure Analysis – In Monthly Dollars	w_4831m_exp_anly_mn_dol	T_MR_AID_SVC
Expenditure Analysis – To Date Dollars	w_4831td_exp_anly_td_dol	T_MR_AID_SVC
Expenditure Analysis – In Monthly Average Cost	w_4834m_exp_anly_mn_avg_cost	T_MR_AID_SVC, T_MR_AID_SVC_RE, T_MR_AID_SVC_SAK
Expenditure Analysis – To Date Average Cost	w_4834td_exp_anly_td_avg_cost	T_MR_AID_SVC, T_MR_AID_SVC_RE, T_MR_AID_SVC_SAK
Operational Performance Summary	w_486_ops_sum_fund_src_cos	T_MR_OPER_PERF
Operational Performance Summary – Averages and Percents	w_486a_ops_sum_avg_pct	T_MR_OPER_PERF, T_MR_PERFORMANCE, T_MR_ERROR
Operational Performance Summary – Dollars	w_486d_ops_sum_dol	T_MR_OPER_PERF
Operational Performance Summary – Provider	w_486p_ops_sum_pt	T_MR_OPER_PERF
Non Claim Specific Financial Transactions	w_non_cl_specific	T_AR_DISP, T_CASH_RECEIPT_DISP
Report Period	w_rpt_prd	T_MR_RPT_PRD

Appendix DD: Program Codes

- All
- Children with Special Health Care Services (CSHCS)
- Medicaid
- Hoosier Healthwise Package C
- 590-Program
- ARCH
- RBMC
- 10046739 C Carewise
- 10046739 N Carewise
- 10046739 S Carewise
- 20000055 N MAXIHEALTH
- 20000055 S MAXIHEALTH
- Unknown

The MAR Windows listed below contain shadow claim specific data. Access these windows by selecting Program Code 'RBMC'. Access data specific to MCO by selecting the specific MCO provider number listed in the Program Code selection box. It is important to note that shadow claims data is not included in the reporting of Program Codes outside of RBMC or each MCO. Shadow Claims data is also not included with the selection of ALL as the Program Code.

Expenditures

- Expenditure Analysis – In Monthly Dollars
- Expenditure Analysis – To Date Dollars
- Expenditure Analysis – In Monthly Average Cost
- Expenditure Analysis – To Date Average Cost

Claim Payment Statistics

- Claim Payment Statistics – Provider Type
- Claim Payment Statistics To Date – Provider Type
- Claim Payment Statistics – Category of Service

• Claim Payment Statistics To Date – Category of Service

Provider Participation

• Provider Participation – Historical
• Provider Participation – Historical Averages
• Provider Participation – To Date Totals
• Provider Participation – To Date Averages
• Provider Filing Analysis
• Provider Filing Analysis – 6 Month Averages
• Provider Ranking
• Provider Ranking – To Date Totals
• Provider Error Analysis
• Provider Error Code Analysis

Recipient Participation

• Recipient Participation Summary
• Recipient Participation Projection
• Recipient Sobra/Defra Activity
• Care Coordination for Pregnant Women

Operations

• Claims Processing Throughput Analysis – Receipt to Paid
• Claims Processing Throughput Analysis – Receipt to Adjudication

County Participation

• Provider Financial Participation by County
• County Participation Analysis – Monthly by Aid Category
• County Participation Analysis – To Date by Aid Category
• County Participation Analysis – Monthly by Category of Service
• County Participation Analysis – To Date by Category of Service

Drug Usage

- Drug Usage – Rank by Usage
- Drug Usage – Rank by Usage To Date
- Drug Usage – Rank by Usage – Compound Drugs
- Drug Usage – Rank by Usage To Date – Compound Drug

Miscellaneous

- Category of Service and Location Analysis
- Category of Service and Location Analysis To Date

Glossary

590 Program	A state of Indiana medical assistance program for institutionalized persons under the jurisdiction of the Department of Corrections, Division of Mental Health, and Department of Health.
ARCH	Aid to Residents in County Homes. A State-funded program that provides medical services to certain residents of county nursing homes.
AVR	Automated voice-response system used by providers to verify recipient eligibility by phone.
AWP	Average wholesale price used for drug pricing.
auto assignment	Indiana*AIM* process that automatically assigns a managed care recipient to a managed care provider if the recipient does not select a provider within a specified time frame.
BENDEX	Beneficiary Data Exchange. A file containing data from HCFA regarding persons receiving Medicaid benefits from the Social Security Administration.
bill	Refers to a bill for medical services, the submitted claim document, or the electronic media claims (EMC) record. A bill may request payment for one or more performed services.
buy-in	A procedure whereby the State pays a monthly premium to the Social Security Administration on behalf of eligible medical assistance recipients, enrolling them in Medicare Part A or Part B or both programs.
CCF	Claim correction form. A CCF is generated by Indiana*AIM* and sent to the provider who submitted the claim. The CCF requests the provider to correct selected information and return the CCF with the additional or corrected information.
CCN	Cash control number. A financial control number assigned to identify individual transactions.
CFR	Code of Federal Regulations. Federal regulations that implement and define federal Medicaid law and regulations.
claim	A provider's request for reimbursement of Medicaid-covered services. Claims are submitted to the State's claims processing contractor using standardized claim forms: HCFA-1500, UB-92, ADA Dental Form, and State-approved pharmacy claim forms.
CLIA	Clinical Laboratory Improvement Amendments. A federally mandated set of certification criteria and a data collection monitoring system designed to ensure the proper certification of clinical laboratories.
contract amendment	Any written alteration in the specifications, delivery point, rate of delivery, contract period, price, quantity, or other contract provisions of any existing contract, whether accomplished by unilateral action in accordance with a contract provision, or by mutual action of the parties to the contract. It includes bilateral actions, such as change orders, administrative changes, notices of termination, and notices of the exercise of a contract option.

contractor, contractors, or the contractor   Refers to all successful bidders for the services defined in any contract.

core contractor   The successful bidder on *Service Package #1: Claims Processing and Related Services*.

core services   Refers to *Service Package #1: Claims Processing and Related Services*.

county office   County offices of the Division of Family and Children. Offices responsible for determining eligibility for Medicaid using the Indiana Client Eligibility System (ICES).

covered service   Mandatory medical services required by HCFA and optional medical services approved by the State. Enrolled providers are reimbursed for these services provided to eligible Medicaid recipients.

CPAS   Claims Processing Assessment System. An automated claims analysis tool used by the State for contractor quality control reviews.

CRF/DD   Community Residential Facility for the Developmentally Disabled.

CSHCS   Children's Special Health Care Services. A State-funded program providing assistance to children with chronic health problems. CSHCS recipients do not have to be Medicaid-eligible. If they are also eligible for Medicaid, children can be enrolled in both programs.

CSR   Customer service request.

customer   Individuals or entities that receive services or interact with the contractor supporting the Medicaid program, including State staff, recipients, and Medicaid providers (managed care PMPs, managed care organizations, and waiver providers).

designee   A duly authorized representative of a person holding a superior position.

DHHS   U.S. Department of Health and Human Services. DHHS is responsible for the administration of Medicaid at the federal level through the Health Care Financing Administration.

DME   Durable medical equipment. Examples: wheelchairs, hospital beds, and other nondisposable, medically necessary equipment.

DPOC   Data Processing Oversight Commission. Indiana state agency that oversees agency compliance with all State data processing statutes, policies, and procedures.

DRG   Diagnosis-related grouping. Used as the basis for reimbursement of inpatient hospital services.

DSH   Disproportionate share hospital. A category defined by the State identifying hospitals that serve a disproportionately higher number of indigent patients.

DSS   Decision Support System. A data extraction tool used to evaluate Medicaid data, trends, and so forth, for the purpose of making programmatic decisions.

DUR	Drug Utilization Review. A federally mandated, Medicaid-specific prospective and retrospective drug utilization review system and all related services, equipment, and activities necessary to meet all applicable federal DUR requirements.
EAC	Estimated acquisition cost of drugs. Federal pricing requirements for drugs.
ECC	Electronic claims capture. Refers to the direct transmission of electronic claims over phones lines to Indiana*AIM*. ECC uses point-of-sale devices and PCs for eligibility verification, claims capture, application of Pro-DUR, prepayment editing, and response to and acceptance of claims submitted on-line. Also known as ECS and EMC.
ECS	Electronic claims submittal. Claims submitted in electronic format rather than paper. See *ECC, EMC*.
EDP	Electronic data processing.
EFT	Electronic funds transfer. Paying providers for approved claims via electronic transfer of funds from the State directly to the provider's account.
EMC	Electronic media claims. Claims submitted in electronic format rather than paper. See *ECC, ECS*.
EOB	Explanation of benefits. An explanation of claim denial or reduced payment included on the provider's remittance advice.
EOMB	Explanation of Medicare benefits. A form provided by Indiana*AIM* and sent to recipients. The EOMB details the payment or denial of claims submitted by providers for services provided to recipients.
EOP	Explanation of payment. Describes the reimbursement activity on the provider's remittance advice (RA).
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment program. Known as HealthWatch in Indiana, EPSDT is a program for Medicaid-eligible recipients under the age of 21 offering free preventive health care services, such as: screenings, well-child visits, and immunizations. If medical problems are discovered, the recipient is referred for further treatment.
EVS	Eligibility Verification System. A system used by providers to verify recipient eligibility using a point-of-sale device, on-line PC access, or an automated voice response system.
FEIN	Federal employer identification number. A number assigned to businesses by the federal government.
FFP	Federal financial participation. The federal government reimburses the State for a portion of the Medicaid administrative costs and expenditures for covered medical services.
FIPS	Federal information processing standards.
fiscal year - Indiana	July 1 - June 30.
fiscal year - federal	October 1 - September 30.

FSSA
Family and Social Services Administration. The Office of Medicaid Policy and Planning (OMPP) is a part of FSSA. FSSA is an umbrella agency responsible for administering most Indiana public assistance programs. However, the OMPP is designated as the single State agency responsible for administering the Indiana Medicaid program.

HCBS
Home- and Community-Based Services waiver programs. A federal category of Medicaid services, established by Section 2176 of the Social Security Act. HCBS includes: adult day care, respite care, homemaker services, training in activities of daily living skills, and other services that are not normally covered by Medicaid. Services are provided to disabled and aged recipients to allow them to live in the community and avoid being placed in an institution.

HCFA
Health Care Financing Administration. The federal agency in the Department of Health and Human Services that oversees the Medicaid and Medicare programs.

HCFA-1500
HCFA-approved standardized claim form used to bill professional services.

HCI
Hospital Care for the Indigent. A program that pays for emergency hospital care for needy persons who are not covered under any other medical assistance program.

HCPCS
HCFA Common Procedure Coding System. A uniform health care procedural coding system approved for use by HCFA. HCPCS includes all subsequent editions and revisions.

HealthWatch
Indiana's preventive care program for Medicaid recipients under 21 years of age. Also known as EPSDT.

HIC
Health insurance carrier number.

HIO
Health insuring organization.

HMO
Health maintenance organization.

Hoosier Healthwise
Indiana Medicaid managed-care program. Hoosier Healthwise has three components including Primary Care Case Management (PCCM), Risk-Based Managed Care (RBMC), and Managed Care for Persons with Disabilities (MCPD).

HRI
Health-related items.

ICD-9-CM
International Classification of Diseases, 9th Revision, Clinical Modification. ICD-9-CM codes are standardized diagnosis codes used on claims submitted by providers.

ICES
Indiana Client Eligibility System. Caseworkers in the county offices of the Division of Family and Children use this system to help determine applicants' eligibility for medical assistance, food stamps, and Temporary Assistance for Needy Families (TANF).

ICF/MR
Intermediate care facility for the mentally retarded. An ICF/MR provides residential care treatment for Medicaid-eligible, mentally retarded individuals.

ICN
Internal control number. Number assigned to claims, attachments, or adjustments received in the fiscal agent contractor's mailroom.

IDOA	Indiana Department of Administration. Conducts State financial operations including: purchasing, financial management, claims management, quality assurance, payroll for State staff, institutional finance, and general services such as leasing and human resources.
IMD	Institutions for mental disease.
Indiana*AIM*	Indiana Advanced Information Management system. The State's current Medicaid Management Information System (MMIS).
IOC	Inspection of care. A core contract function reviewing the care of residents in psychiatric hospitals and ICFs/MR. The review process serves as a mechanism to ensure the health and welfare of institutionalized residents.
ISMA	Indiana State Medical Association.
ITF	Integrated test facility. A copy of the production version of Indiana*AIM* used for testing any maintenance and modifications before implementing changes in the production system.
JCL	Job control language.
LAN	Local area network.
LOC	Level-of-care. Medical LOC review determinations are rendered by OMPP staff for purposes of determining nursing home reimbursement.
lock-in	Restriction of a recipient to particular providers, determined as necessary by the State.
LTC	Long-term care. Used to describe facilities that supply long-term residential care to recipients.
MAC	Maximum allowable charge for drugs as specified by the federal government.
MARS	Management and Administrative Reporting Subsystem. A federally mandated comprehensive reporting module of Indiana*AIM* that includes data and reports as specified by federal requirements.
MCO	Managed care organization.
MCPD	Managed Care for Persons with Disabilities is one of three delivery systems in the Hoosier Healthwise managed care program. In MCPD, a managed care organization is reimbursed on a per capita basis per month to manage the member's health care. This delivery system serves people identified as disabled under the Indiana Medicaid definition.
MEQC	Medicaid eligibility quality control.
MMIS	Medicaid Management Information System. Indiana's current MMIS is referred to as Indiana*AIM*.
Medicaid fiscal agent	Contractor that provides the full range of services supporting the business functions included in the core and non-core service packages.

medical policy contractor	Successful bidder on *Service Package #2: Medical Policy and Review Services.*
NCPDP	National Council for Prescription Drug Programs.
NDC	National Drug Code. A generally accepted system for the identification of prescription and non-prescription drugs available in the United States. NDC includes all subsequent editions, revisions, additions, and periodic updates.
NECS	National Electronic Claims Submission is the proprietary software developed by EDS. NECS is installed on a provider's PCs and used to submit claims electronically. The software allows providers access to on-line, real-time eligibility information.
non-core services	Refers to *Service Packages #2 and #3*.
non-core contractors	Refers to the Medical Policy Contractor and the TPL/Drug Rebate Contractor.
NPIN	National provider identification number.
OMNI	A point-of-sale device used by providers to scan recipient ID cards to determine eligibility.
OMPP	Office of Medicaid Policy and Planning.
PA	Prior authorization. Some designated Medicaid services require providers to request approval of certain types or amounts of services from the State before providing those services. The Medical Services Contractor and/or State medical consultants review PAs for medical necessity, reasonableness, and other criteria.
PASRR	Pre-Admission Screening and Resident Review. A set of federally required long-term care resident screening and evaluation services, payable by the Medicaid program, and authorized by the Omnibus Budget and Reconciliation Act of 1987.
PCCM	Primary care case management. One of three delivery systems within the Hoosier Healthwise managed care program. Providers in PCCM are reimbursed on a fee-for-service basis. Recipients are assigned to a primary medical provider (PMP) or group that is responsible for managing the care of the recipient and providing all primary care and authorizing specialty care for the recipient—24 hours a day, seven days a week.
PMP	Primary medical provider. A physician who approves and manages the care and medical services provided to Medicaid recipients assigned to the PMP's care.
POS	Place of service or point of sale, depending on the context.
PPO	Preferred provider organization.
PRO	Peer review organization.
Pro-DUR	Prospective Drug Utilization Review. The federally mandated, Medicaid-specific prospective drug utilization review system and all related services and activities necessary to meet all federal Pro-DUR requirements and all DUR requirements.

QDWI	Qualified disabled working individual. A federal category of Medicaid eligibility for disabled individuals whose incomes are less than 200 percent of the federal poverty level. Medicaid benefits cover payment of the Medicare Part A premium only.
QMB	Qualified Medicare beneficiary. A federal category of Medicaid eligibility for aged, blind, or disabled individuals entitled to Medicare Part A whose incomes are less than 100 percent of the federal poverty level and assets less than twice the SSI asset limit. Medicaid benefits include payment of Medicare premiums, coinsurance, and deductibles only.
RA	Remittance advice. A summary of payments produced by Indiana*AIM* explaining the provider reimbursement. RAs are sent to providers along with checks or EFT records.
RBMC	Risk-based managed care. One of three delivery systems in the Hoosier Healthwise managed care program. In RBMC, a managed care organization is reimbursed on a per capita basis per month to manage the member's health care. The delivery system serves TANF recipients, pregnant women, and children.
RBRVS	Resource-based relative value scale. A reimbursement method used to calculate payment for physician, dentists, and other practitioners.
RFI	Request for Information.
RFP	Request for Proposals.
SDX	State Data Exchange System. The Social Security Administration's method of transferring SSA entitlement information to the State.
shadow claims	Reports of individual patient encounters with a managed care organization's (MCO's) health care delivery system. Although MCOs are reimbursed on a per capita basis, these claims from MCOs contain fee-for-service equivalent detail regarding procedures, diagnoses, place of service, billed amounts, and the rendering or billing providers.
SLMB	Specified low-income Medicare beneficiary. A federal category defining Medicaid eligibility for aged, blind, or disabled individuals with incomes between 100 percent and 120 percent of the federal poverty level and assets less than twice the SSI asset level. Medicaid benefits include payment of the Medicare Part B premium only.
SPR	System performance review.
SSA	Social Security Administration of the federal government.
SSI	Supplementary Security Income. A federal supplemental security program providing cash assistance to low-income aged, blind, and disabled persons.
specialty vendors	Provide support to Medicaid business functions but the vendors are not currently Medicaid fiscal agents.
State	Spelled as shown, State refers to the State of Indiana and any of its departments or agencies.

subcontractor	Any person or firm undertaking a part of the work defined under the terms of a contract, by virtue of an agreement with the prime contractor. Before the subcontractor begins, the prime contractor must receive the written consent and approval of the State.
SUR	Surveillance and Utilization Review. Refers to system functions and activities mandated by the Health Care Financing Administration (HCFA) that are necessary to maintain complete and continuous compliance with HCFA regulatory requirements for SUR including the following SPR requirements:

1. statistical analysis

2. exception processing

3. provider and recipient profiles

4. retrospective detection of claims processing edit/audit failures/errors

5. retrospective detection of payments and/or utilization inconsistent with State or federal program policies and/or medical necessity standards

6. retrospective detection of fraud and abuse by providers or recipients

7. sophisticated data and claim analysis including sampling and reporting

8. general access and processing features

9. general reports and output

systems analyst/engineer	Responsible for performing the following activities:

10. Detailed system/program design

11. System/program development

12. Maintenance and modification analysis/resolution

13. User needs analysis

14. User training support

15. Development of personal Medicaid program knowledge

TANF	Temporary Assistance for Needy Families. A replacement program for Aid to Families with Dependent Children.
TPL	Third Party Liability.
TPL/Drug Rebate Services	Refers to *Service Package #3: Third-Party Liability and Drug Rebate Services*.
UB-92	Standard claim form used to bill hospital inpatient and outpatient, nursing facility, intermediate care facility for the mentally retarded (ICF/MR), and hospice services.
UCC	Usual and customary charge.
UPC	Universal product code. Codes contained on the first data bank tape update and/or applied to products such as drugs and other pharmaceutical products.
UPIN	Universal provider identification number.
VFC	Vaccines for Children program.
WAN	Wide area network.

WIC   Women, Infants, and Children program. A federal program administered by the
                           Indiana Department of Health that provides nutritional supplements to low-income
                           pregnant or breast-feeding women, and to infants and children under 5 years of age.

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